

<b>Case Number:</b>	CM15-0015200		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year old woman sustained an industrial injury on 9/17/2008. The mechanism of injury is not detailed. Current diagnoses include possible thoracic outlet syndrome of the right upper extremity and tenosynovitis along the forearm, wrist, and hand and depression. Treatment has included oral medications, physiatry consultation, elbow sleeve, elbow extension splint, hot and cold, soft and rigid wrist braces, TENS unit, exercise and yoga at the gym, and wrist brace. A request for a functional restoration program was denied. Physician notes dated 1/7/2015 show an element of depression and numbness and tingling in the upper extremities. Recommendations include a ten panel urine screen, bracing, activity modification, and follow up in four weeks. It is noted that all medications have been denied including Flexeril, Neurontin, Naproxen, Tramadol, and Protonix. On 1/14/2015, Utilization Review evaluated a prescription for a ten panel urine drug screen, that was submitted on 1/27/2015. The UR physician noted there is no documentation to support the testing as the medications that this test would screen for have been denied and are, therefore, not being taken. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**10-panel urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, and Opioids pp. 77, 78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, documentation suggested that she was not receiving any opioid drugs at the time of this request due to them being denied, however, there was also no medication list or report which disclosed exactly which medications she was taking at the time of this request. If the worker was not taking her Tramadol or any other opioid, then consideration of a urine drug screen would be medically unnecessary. If the worker was in fact taking the medication at the time, although not documented, there was insufficient evidence found in the notes available for review to suggest any abnormal behavior or signs of abuse which might have warranted a urine drug screen at that time. Therefore due to lack of evidence to support the drug screen it will be considered medically unnecessary.