

<b>Case Number:</b>	CM15-0111155		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

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

The injured worker (IW) is a 52-year-old female who sustained an industrial injury on 11/26/2012. Diagnoses include headaches secondary to concussion syndrome, cervicothoracic sprain, lumbar strain and right knee sprain. Treatment to date has included medications and bracing. Electrodiagnostic testing of the bilateral upper extremities on 5/22/15 was normal. According to the progress notes dated 3/12/15, the IW reported right upper extremity pain radiating to the hand, right knee pain radiating to the foot; cervical spine and lumbar spine pain; left wrist pain; and headaches. On examination, range of motion was decreased in the right shoulder, elbow and wrist. Tenderness was present in the right wrist. Orthopedic testing was consistent with impingement syndrome and carpal tunnel syndrome. Medications included Motrin and Prilosec. No narcotic pain medications were listed. A request was made for urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p 76-80 Page(s): 76-80.

**Decision rationale:** The claimant sustained a work-related injury in November 2012 and continues to be treated for neck, low back, right knee, left wrist, and radiating right upper extremity pain. When seen, there was decreased range of motion with positive impingement testing. There were findings of possible knee internal derangement and carpal tunnel syndrome. Motrin and Prilosec were prescribed. Criteria of the use of opioids address the role of urine drug screening. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no reference to planned use of opioid medication. There are no identified issues of drug abuse or addiction. Therefore, urine drug screening was not medically necessary.