

<b>Case Number:</b>	CM15-0111909		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 is a 44 year old female, who sustained an industrial injury on March 12, 2014. She reported the sudden onset of painful pulling in her right wrist and arm due to repetitive and continuous work activities. The injured worker was diagnosed as having right carpal tunnel syndrome, right triangular fibrocartilage tear, right wrist sprain/strain, left carpal tunnel syndrome, left wrist pain, and left wrist sprain/strain. Diagnostic studies to date have included MRIs, x-rays, electromyography, nerve conduction studies, and urine drug screening. Treatment to date has included right elbow and right carpal tunnel steroid injections, wrist support, physical therapy, acupuncture, and medications including opioid, creams, muscle relaxant, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 14, 2015, the injured worker complains of frequent, moderate, stabbing, and burning right wrist pain with heaviness, tingling and weakness radiating to the right arm and elbow. She complains of frequent, moderate, sharp, stabbing, and burning right wrist pain with numbness, tingling, and weakness. Massage and medication provide relief. The physical exam revealed no bruising, swelling, atrophy, or lesion present at the bilateral wrists. A urine drug screen was performed to rule out medication toxicity. The treatment plan includes muscle relaxant, proton pump inhibitor, non-steroidal anti-inflammatory, and two topical medications. Requested treatments include: retrospective urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing.

**Decision rationale:** The requested Retro urine toxicology, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has frequent, moderate, stabbing, and burning right wrist pain with heaviness, tingling and weakness radiating to the right arm and elbow. She complains of frequent, moderate, sharp, stabbing, and burning right wrist pain with numbness, tingling, and weakness. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Retro urine toxicology is not medically necessary.