

<b>Case Number:</b>	CM15-0112601		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	02/05/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 60-year-old female, who sustained an industrial injury on 2/5/12. She reported pain in her neck and right upper extremity related to cumulative trauma. The injured worker was diagnosed as having cervical pain, right rotator cuff tendonitis, right lateral epicondylitis, right carpal tunnel syndrome and left carpal tunnel syndrome. Treatment to date has included an EMG/NCS of the upper extremities on 4/28/14 and a cervical epidural injection at C6-C7 on 4/21/15. Current medications include Flector patch 1. 3%. There is no documentation of suspected medication abuse. As of the PR2 dated 5/14/15, the injured worker reports 5/10 pain in her neck and right elbow and 8/10 pain in her right shoulder and bilateral wrists. The treating physician noted a positive Phalen's test in the bilateral wrists and tenderness to palpation in the right shoulder, right elbow and neck. The treating physician requested a toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient presents with neck and right elbow pain rated 5/10 and right shoulder and bilateral wrist pain rated 8/10. The request is for toxicology. The request for authorization is not provided. The patient is status-post translaminar epidural injection at C6/7, 04/21/15. Physical examination reveals Cervical Compression causes pain and Foraminal Compression causes pain on the right. There is tenderness to palpation of the anterior shoulder. Supraspinatus Press and Shoulder Apprehension causes pain. There is tenderness to palpation of the posterior elbow. Cozen's is positive. Froment's Paper is positive on the left wrist. Phalen's is positive. Patient's medications include Flector Patch, Metformin, Insulin and Lisinopril. Per progress report dated 05/14/15, the patient is off work. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, the patient is not prescribed any opiates or narcotics. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Prior urine drug screen was done on 04/02/15. Therefore, the request IS NOT medically necessary.