

<b>Case Number:</b>	CM15-0119391		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/11/2007
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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:

This is a 49-year-old female with a May 11, 2007 date of injury. A progress note dated May 13, 2015 documents subjective complaints (right shoulder pain that is significantly decreased since the right stellate ganglion block injection; pain rated at a level of 3/10), objective findings (mild tenderness noted over the cervical paravertebral musculature extending to the bilateral trapezius muscles with spasm; moderate allodynia in the right shoulder with mild hypersensitivity; mild allodynia in the left shoulder without hypersensitivity; moderate pain in the joint line; decreased range of motion of the bilateral shoulders; positive impingement sign of the left shoulder; positive Tinel's test of the left wrist; positive Finkelstein test of the right wrist), and current diagnoses (complex regional pain syndrome of the right shoulder; right carpal tunnel syndrome). Treatments to date have included medications, right shoulder arthroscopy; right carpal tunnel release, and imaging studies. The treating physician documented a plan of care that included a urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Urine drug screen - Steps to take before a therapeutic trial of Opioids, On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p 77-78 Page(s): 77-78.

**Decision rationale:** The claimant sustained a work injury in May 2007 and continues to be treated for right upper extremity pain including a diagnosis of CRPS. When seen, there had been improvement after a stellate ganglion block. Pain was rated at 3/10. There was cervical spine and trapezius muscle tenderness with spasms. There was allodynia over the shoulders. Shoulder range of motion with decreased and impingement testing on the left was positive. Left lateral epicondyle and canal testing was positive. Finkelstein testing was positive on the right. There was decreased right shoulder strength. Additional stellate ganglion blocks were requested. Norco had been prescribed but had been discontinued in February 2015. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Norco had been prescribed recently. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months or since Norco was discontinued. The request was medically necessary.