

Case Number:	CM15-0073159		
Date Assigned:	04/27/2015	Date of Injury:	09/26/2012
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/16/2015

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, 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 is a 60 year old female, who sustained an industrial injury on September 26, 2012. She reported bilateral upper extremity injuries due to repetitive use. The injured worker was diagnosed as having status post left carpal tunnel releases with persistent symptoms in 2013 and 2014, left moderate carpal tunnel syndrome, forearm tendonitis, bilateral shoulder pain, bilateral lateral epicondylitis, myofascial pain, and chronic pain syndrome. Diagnostics to date has included urine drug screening, electrodiagnostic studies, and MRI. Treatment to date has included left shoulder steroid injection, physical therapy, home exercise program, work modifications, and medications including anti-epilepsy, non-opioid pain, opioid pain, antidepressant, non-steroidal anti-inflammatory, topical pain, and sleep medications. On November 4, 2015, the injured worker complains of persistent, constant pain in the shoulders, arm, and hands, which increased with use of her shoulders. Her pain level is rated 7-8/10 without medication and 6/10 with pain medication. The physical exam revealed limited bilateral shoulder range of motion and myofascial tenderness in the shoulders and forearms diffusely with spasms. There were decreased reflexes, strength, and grip strength in the upper extremities. There was limited wrist flexion and extension, decreased sensation in her left thumb and first finger, decreased sensation in the right first to third fingers, tenderness to palpation in the left epicondylar regions, and increased pain with flexion and extension of the elbows. The treatment plan includes urine drug screening. The requested treatment is a quantitative drug screening: opiate drug and metabolites, amphetamine/methamphetamine, benzodiazepines, cocaine or

metabolite, phencyclidine (pcp), dihydrocodeinone, dihydromorphinone, methadone, quant single stationary and mobile gabapentin, Meprobamate, and Nortriptyline (performed 11-4-14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective quantitative urine drug screen (DOS: 11.4.14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain Chapter: Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test on 6/4/14 and 7/16/14. There is documentation that the patient is on controlled substances of Norco and tramadol, but the urine drug testing was negative for these controlled substances. These are potentially aberrant behaviors and the CA MTUS would support toxicology testing in this case. Therefore, screening of urine is needed, and should demonstrate a consistent result and the urine toxicology test ordered 11/4/14 is medically necessary. One note to the provider should be that it is ideal to perform risk stratification to determine the appropriate future interval of testing per the ODG.