

Case Number:	CM13-0033173		
Date Assigned:	12/06/2013	Date of Injury:	07/11/2003
Decision Date:	02/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who reported an injury on 07/11/2003; the mechanism of injury was not provided. The patient was noted to be taking tramadol. The patient was noted to have tenderness over the sciatic notch on the right. The patient's diagnoses were noted to include disc protrusion at L3-4, facet hypertrophy of the lumbar spine and musculoligamentous sprain of the lumbar spine with lower extremity radiculitis along with 15 other diagnoses. The request was made for prescription drug monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Prescription Drug Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the patient had documented issues of

abuse, addiction, or poor pain control and the patient's medications were noted to be Ibuprofen, Omeprazole and Zolpidem, which would not support the necessity for a urine drug screen. Given the above, the request for 1 prescription drug screening is not medically necessary.