

Case Number:	CM13-0034212		
Date Assigned:	12/06/2013	Date of Injury:	01/18/2011
Decision Date:	02/07/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Medicine and is licensed to practice in California. 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:

Female claimant sustained a work related injury on 1/18/2011 that resulted in neck sprain, lumbar radiculitis and right shoulder injuries. The claimant has been treated with NSAIDs, topical analgesics, and opioids. A drug screen performed in January 2013, March 2013, April 2013, May 2013, June 2013, did not suggest abuse, addiction, or non-compliance with medications. An examination report on July 19, 2013 stated the claimant had continued back, shoulder and cervical pain. The medications continued were similar to that provided for the prior several months including Tramadol and another drug screen was performed. A follow-up appointment on 7/31/13 indicated 7/10 pain and a prescription for Butalbital was added. A urine drug screen on 8/22/13 indicated that there was no barbiturate found in the screen, which was not consistent with the prescribed medications. On 8/29/13, the claimant was again prescribed Butalbital with no mention on the urine drug screen findings from the prior week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Laboratory testing date of service 8/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80,94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid and Addiction Page(s): 90-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screens are used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There was a long history of compliance with monthly urine drug screens. There was no indication of abuse or non-compliance to warrant continued drug screening. There was also no questionnaire during any of the visits to assess the claimant's compliance in the subjective discussion. The claimant had been given a new medication Butalbital and a urine drug screen was not consistent with finding that drug in the screen. The follow-up visit did not address the inconsistency nor question whether the claimant had started the medication. Furthermore, the claimant was then requested to continue on the Butalbital. Urine Drug Screen for compliance is valuable when it is addressed, monitored, and enforced. In addition, there was no documentation to indicate that the claimant had been deviant. The drug screen for 8/22/13 was not medically necessary.