

Case Number:	CM13-0044372		
Date Assigned:	12/27/2013	Date of Injury:	11/25/2007
Decision Date:	02/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 53-year-old female who reported an injury on 11/25/2007. The mechanism of injury was not provided in the medical records. Her diagnoses included cervical discopathy and rotator cuff syndrome. Her medications were noted to include Ambien 10 mg, Cymbalta 30 mg, fentanyl 50 mcg/hr patches, Inderal 20 mg, Motrin 800 mg, Norco 10/325 mg, omeprazole 20 mg, promethazine 25 mg, Remeron 7.5 mg, and Topamax 100 mg. It was noted that the patient had shown no signs of illicit drug abuse or diversion from the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page 78. Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the use of urine drug screening may be recommended for patients with documentation of issues of abuse, addiction, or poor pain control. The clinical information submitted for review indicates that the patient has

shown no aberrant drug-taking behaviors. Therefore, the request for a urine drug screen is not supported by guidelines. As such, the request is non-certified.