

Case Number:	CM13-0056536		
Date Assigned:	12/30/2013	Date of Injury:	12/05/2011
Decision Date:	03/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 49 yo female who sustained an industrial injury on 12/5/11. The mechanism of injury was not provided. Her diagnoses include cervical radiculitis and left shoulder pain. She complains of continued neck and left shoulder pain. On exam she has decreased range of cervical motion with normal reflexes in the upper extremities and decreased sensation in C4-C5, C5-C6, and C6-C7. Exam of the left shoulder reveals pain with range of motion. She is maintained on medical therapy with Tramadol and has received physical therapy and injection therapy with a corticosteroid injection to the left shoulder. She has been recommended to undergo cervical epidural steroid injection therapy. The treating provider requested urine drug screen studies on 8/07/13, 9/18/13, and 10/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (UDS) for DOS 9/18/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The patient's provider requested a urine drug screen on 08/07/13. The patient is maintained on Tramadol for pain control. Per Chronic Pain Management Treatment Guidelines, periodic urine drug screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. The documentation indicates the patient has undergone periodic urine drug screening and has tested positive for both Tramadol and Butalbital. There is no documentation that she is maintained on any medication that contains Butalbital which is a barbiturate with an intermediate duration of action. There is no documentation that there is any concern for misuse or abuse for which repeated monthly drug testing would be warranted. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Retrospective urine drug screen (UDS) for DOS 9/18/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The patient's provider requested a urine drug screen on 09/18/13. The patient is maintained on Tramadol for pain control. Per Chronic Pain Management Treatment Guidelines, periodic urine drug screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. The documentation indicates the patient has undergone periodic urine drug screening and has tested positive for both Tramadol and Butalbital. There is no documentation that she is maintained on any medication that contains Butalbital which is a barbiturate with an intermediate duration of action. There is no documentation that there is any concern for misuse or abuse for which repeated monthly drug testing would be warranted. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Retrospective urine drug screen (UDS) for DOS 10/16/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The patient's provider requested a urine drug screen on 10/16/13. The patient is maintained on Tramadol for pain control. Per Chronic Pain Management Treatment Guidelines, periodic urine drug screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. The documentation indicates the patient has undergone periodic urine drug screening and has tested positive for both Tramadol and Butalbital. There is no documentation that she is maintained on any medication that contains Butalbital which is a barbiturate with an intermediate duration of action. There is no documentation that there is any concern for misuse or

abuse for which repeated monthly drug testing would be warranted. Medical necessity for the requested service has not been established. The requested service is not medically necessary.