

Case Number:	CM14-0002955		
Date Assigned:	01/24/2014	Date of Injury:	04/26/2013
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/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 injured worker is a 58 year old male with a date of injury of 4/26/13. The mechanism of injury was not provided in the clinical documentation available for review. The injured worker complained of neck, right shoulder, and hand pain. The injured worker had a urine drug screen on 8/19/13. According to the documentation provided, the injured worker began taking Flexeril and But/apap/caff, and Ultram in September 2013. The injured worker's diagnoses included neck sprain/strain, lumbar sprain/strain, and shoulder disorder with bursitis and tendonitis. The injured worker's medication regimen included Capsaicin and Gabaketolido cream, Flexeril, Omeprazole, But/apap/caff, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE ANALYSIS FOR DRUG SCREENING/ ANALYSIS FOR DRUG COMPLIANCE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, PAIN TREATMENT AGREEMENT, URINARY DRUG SCREENING,

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

Decision rationale: The California MTUS guidelines recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The injured worker's drug screen dated 8/19/13 did not result inconsistent results, and, according to the documentation provided the injured worker began taking Flexeril and But/apap/caff and Ultram in September 2013. The rationale for a second drug screen is unclear. As such, the request is not medically necessary.