

<b>Case Number:</b>	CM14-0106672		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 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:

According to the California MTUS Guidelines, drug screening may be used for injured workers taking opioid medications to verify compliance with the treatment regimen and rule out abuse and illicit drug use. The clinical information submitted for review indicated that the injured worker was utilizing tramadol. However, no documentation was provided to indicate the results and the date of the injured worker's previous urine drug to determine whether this request is supported. In addition, there was no indication to indicate suspicion for abuse, misuse, or noncompliance. Therefore, in the absence of documentation regarding the previous urine drug screen, the request is not supported. As such, the request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the California MTUS Guidelines, drug screening may be used for injured workers taking opioid medications to verify compliance with the treatment regimen

and rule out abuse and illicit drug use. The clinical information submitted for review indicated that the injured worker was utilizing tramadol. However, no documentation was provided to indicate the results and the date of the injured worker's previous urine drug to determine whether this request is supported. In addition, there was no indication to indicate suspicion for abuse, misuse, or noncompliance. Therefore, in the absence of documentation regarding the previous urine drug screen, the request is not supported. As such, the request is not medically necessary.

**Range of motion testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Flexibility.

**Decision rationale:** According to the Official Disability Guidelines, computerized range of motion testing is not supported as these measurements can be obtained with inclinometers and the result of computerized testing is of unclear therapeutic value. The clinical information submitted for review indicated that the injured worker had normal range of motion testing at her 05/21/2014 visit and a clear rationale was not provided for the requested range of motion testing. Therefore, in the absence of further documentation regarding the request and as the guidelines do not support computerized range of motion testing, the request is not supported. As such, the request for Range of motion testing is not medically necessary.