

Case Number:	CM14-0014433		
Date Assigned:	02/28/2014	Date of Injury:	06/01/1994
Decision Date:	08/07/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational 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:

This is a 60-year-old female with ongoing complaints of shoulder pain, neck pain, fibromyalgia, thoracic outlet syndrome, and bilateral upper extremity neuropathy. The patient was seen on 12/18/13 with complaints including ongoing bilateral wrist pain and thoracic pain. Exam findings revealed cervical and thoracic spine tenderness, cervical and trapezius muscle spasm, and triggering the bilateral thumbs with positive Finkelstein's test. The patient received non-certification of the medications of Zolpidem, Fioricet, and Tramadol. A urine sample was collected to monitor medication use. The patient had urine collected on July 31st as well although it was noted she was not demonstrating any aberrant behavior or medication abuse. June 16th 2013 urine drug screen: consistent with hydrocodone, phenobarbital, and Ambien. Treatment to date: medication management. A UR decision dated 1/24/14 denied the request given the patient's Tramadol, Ambien, and Fioricet were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINALYSIS DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines DRUG TESTING; URINE TESTING IN IN ONGOING OPIATE MANAGEMENT Page(s): 43; 78.

Decision rationale: The MTUS Chronic Pain Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient has had multiple urine drug screens in 2013. She is not noted to be undergoing any abuse or aberrant behavior with her medications. The MTUS Guidelines states in these cases one drug screen per year is sufficient. In addition, the patient's request for Fioricet, Ambien, and Tramadol were denied, hence the necessity for another urine drug screen is unclear. Therefore, the request for a urine drug screen is not medically necessary.