

Case Number:	CM14-0177762		
Date Assigned:	11/07/2014	Date of Injury:	01/01/2011
Decision Date:	12/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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:

The patient is a 50-year-old male who has submitted a claim for lateral epicondylitis and disorders of bursae and tendons in shoulder region associated with an industrial injury date of 1/1/2011. Medical records from 10/15/2013 up to 10/6/2014 were reviewed showing current complaints of less pain in the neck, upper back, right shoulder, both elbows, and right hand. The pain radiates to both arms. The pain over the bilateral shoulders is moderate (2-6/10) in intensity with associated tingling, numbness, and weakness of the right hand. Patient states that his symptoms have been improving since the injury. The patient is currently prescribed with Ultram. However, as per utilization review, a prior PEER review has not supported this prescription. Right shoulder examination revealed decreased range of motion, tenderness over the anterior/posterior aspects, and a positive Hawkin's test and crossed arm adduction test. Left elbow examination revealed full range of motion and tenderness over the lateral epicondyle. Treatment to date has included Ultram, Prilosec, Trazodone, and Diclofenac. The utilization review from denied the request for Retrospective urine drug screening performed on date of service 6/17/14. The patient was previously taking Ultram which should have been tapered and discontinued. The prior urine testing done 3 months previously documented a negative result for this compound. Ongoing monitoring of this medication is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screening performed on date of service 6/17/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, Tools for risk stratification and monitoring, Urine Drug Testing

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to detect opioid misuse/addiction. According to the ODG guidelines, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. High risk of addiction and aberrant behavior includes minimal objective findings are documented to explain pain. Symptom magnification can be noted. Patients with suicidal risks or poorly controlled depression may be at higher risk for intentional overdose when prescribed opioids for chronic pain. In this case, the patient is currently prescribed Ultram. However, as per utilization review, a prior PEER review has not supported this prescription. Urine drug tests done last 10/29/2014 and 6/17/2014 did not show tramadol which is inconsistent with his prescribed medications. But because tramadol was not certified as per utilization review, the need for ongoing monitoring of this medication is not justified. Therefore the request for Retrospective urine drug screening performed on date of service 6/17/14 is not medically necessary.