

Case Number:	CM14-0031823		
Date Assigned:	06/20/2014	Date of Injury:	03/02/2011
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 Illinois. 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 40-year-old male who reported an injury on 03/02/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 10/18/2013 indicated the injured worker reported pain and burning sensation to his right shoulder that radiated down to his right arm. The injured worker had a drug screen on 07/26/2013. The test was positive for tramadol, a non-DEA controlled medication. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included tramadol. The provider submitted a request for retrospective urine test done 12/06/2013. A request for authorization form was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Test done 12/6/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, page 43 Page(s): 43.

Decision rationale: The request for retrospective urine test done 12/06/2013 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. In addition, there is no evidence of opiate use. Therefore, the request for retrospective urine test done 12/06/2013 is not medically necessary.