

<b>Case Number:</b>	CM14-0037699		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 claimant was injured on 03/28/11. A urine drug screen is under review. She was injured when she slipped and injured her low back and right shoulder. She is status post shoulder surgery in 2012. On 01/22/14, she saw [REDACTED] and she complained of increasing pain and numbness/tingling about the bilateral hands and fingers worse on the left side. She had high pain levels. She still had residual right shoulder pain at level 5/10. Her medications included tramadol, Zanaflex, Anaprox, and Prilosec. She had some tenderness and positive Tinel's and Phalen's at both hands. She had tenderness of the wrists, hands, and right shoulder. Diagnoses included bilateral CTS, impingement syndrome of the right shoulder, cervical sprain with a bulging disc, lumbar herniated nucleus pulposus and right-sided radiculopathy and status post right shoulder surgery. She was to continue her medications. A urinary drug screen was ordered to assess her for medication compliance. She saw [REDACTED] on 03/06/14 and reported persistent low back flare-ups of pain and numbness into the lower extremities. She still had right shoulder pain at level 8/10. She had tenderness and muscle spasms and trigger points of the low back. Range of motion was restricted and painful. Her medications were to be continued. Her findings were the same. Her diagnoses were the same. Again a urinary drug screen was ordered. She saw [REDACTED] again on 04/17/14. She had ongoing symptoms. Her medications were the same. Bilateral carpal tunnel release surgeries were recommended. A urine drug screen was performed that day for medication compliance. On 05/15/14, she was seen again. Her medications were the same. The urine drug screen was found to be consistent with the use of Ultram and Zanaflex. Another urine drug screen was recommended at the next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web Edition 2010 Revision p. 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING; TRAMADOL Page(s): 77; 125.

**Decision rationale:** The history and documentation do not objectively support the request for a urine drug test. The MTUS state "drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." MTUS states "tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." In this case, with a history of a recent urine drug that was consistent with the use of tramadol and Zanaflex and no documented evidence of symptoms of the use of illegal drugs or noncompliance with her prescribed medications, the medical necessity of a urine drug test has not been clearly demonstrated. It is not clear how the results of this test would be likely to change her course of treatment. It is not clear why repeat drug screens are needed to monitor the claimant's use of these medications since they have likely been prescribed "as needed" and there is no evidence of possible noncompliance or abuse. The request is not medically necessary.