

<b>Case Number:</b>	CM14-0077291		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 59 year old female who sustained an industrial injury on 03/30/2012. The mechanism of injury was not provided for review. Her diagnoses include osteoarthritis of the hand, osteoarthritis of the leg, bilateral shoulder pain, wrist arthralgia and bilateral shoulder impingement. She has complaints of bilateral hand and shoulder pain. on exam there is positive impingement in the bilateral shoulders with decreased range of motion. There is tenderness to palpation on the dorsum of the hands and tenderness to palpation of the lumbar paravertebral muscles. Motor and sensory exams are normal and straight leg raise is negative bilaterally. There is bilateral tenderness in the medial joint line of both knees. Treatment has included medical therapy with Tramadol and physical therapy. The treating provider requested a urine drug screen on 05/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen DOS 05/06/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Drug testing page 43 ( pdf format) Page(s): 43.

**Decision rationale:** Per the documentation, the claimant uses Tramadol prn for pain control. Per Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. There is no documentation indicating the patient has any history of a high risk of addiction, history of aberrant behavior, or history of substance dependence (addiction) or dose increases are not decreasing pain and increasing function or that the requested urine drug screen is an aid in evaluating medication compliance and adherence. Medical necessity for the requested item was not established. The requested item was not medically necessary.