

<b>Case Number:</b>	CM14-0009914		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Arizona. 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 64 year old female who sustained repetitive injuries to her right shoulder and bilateral wrist and hands as result of packing, lifting, loading, and operating machinery as part of her employment duties. The date of injury as the day initially reported was May 4, 2012. Additionally, she reported she was experiencing neck pain. Since then, her discomfort has continued and progressed to numbness and weakness in the right upper extremity with numbness of the 2nd through 5th digits of the right hand. An electromyography (EMG) obtained on Sept 15, 2012 demonstrates right more than left median neuropathy of mild to moderate character plus bilaterally prolonged sensory latencies that could be consistent with a clinical carpal tunnel syndrome. A cervical MRI dated Dec 26, 2012 demonstrates a C5-C6 3mm disc bulge with foramen and central canal narrowing with a 2mm disc bulge at C6-C7 and C7-T1 with foramen and spinal canal narrowing. The patient reported on her initial pain medical consultation on Nov 22, 2013 that her neck pain is 5/10 with use of her medicine, and 10 out of 10 without it. However, no listing of pain medications is made on the report. A review of other documents demonstrates use of over the counter (OTC) pain medications. A PR-2s (physician notes) by the patient's treating orthopedic surgeon dated 5/6/2013, 6/13/2013, 7/2/2013, 7/26/2013 and 8/12/2013 lists her medications, but the handwriting is difficult to read. On her PR-2 from 3/13/2013, her medications are listed as Proteolin and Myofibex, neither of which are D.E.A. controlled substances. On the PR-2s dated 12/9/13 and 2/17/14 is documented that patient as having been prescribed 'Ultram, 50mg po BID'. In dispute is the authorization for urine drug screening. A PR-2 dated 1/06/14 from her orthopedic surgeon lists as part of her treatment plan: "Requesting Authorization for Urine Analysis as she is on Tramadol 50mg taken 2 times a day".

### 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

**Decision rationale:** Urine drug screening is a tool for monitoring for appropriate use of the medication prescribed as well as monitoring for abuse of substances not prescribed. Frequent random urine toxicology screening is a means available to perform monitoring that is non-invasive and cost effective. The request is for urine drug monitoring for a non-D.E.A. controlled substance (Tramadol). This is not indicated because of the non-habituating, non-addictive nature of this medication. Tramadol is not known as a medication of abuse as, in elevated doses, it lowers the seizure threshold. The request for urine drug testing for this medication has no merit. As such, the request is not medically necessary and appropriate.