

Case Number:	CM14-0114799		
Date Assigned:	08/04/2014	Date of Injury:	04/12/2013
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Montana. 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 has a date of injury of 4/12/13. She has complained of neck pain and stiffness, worse with neck rotation extension and flexion. Diagnoses include cervical pain and cervical radiculopathy. She also complains of radiation of pain to the right arm. Electrodiagnostic testing on 9/6/13 was unremarkable. Treatment has included physical therapy, Naprosyn, Prilosec, tramadol, and Menthoderm Ointment. There are two urine toxicology screens provided in the medical records. Both are negative for tramadol however there is no indication in the medical records whether tramadol is for use only as needed or taken on a daily basis. Additional urine toxicology has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: 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 drug testing Page(s): 43.

Decision rationale: The MTUS discusses urine drug screening in the Chronic Pain Medical Treatment Guidelines. It is recommended as an option to assess for use or prevalence of illegal

drugs. It also recommends use of urine drug screening when there are issues of abuse, addiction or poor pain control. The medical records do confirm prescriptions for tramadol. There is no documentation of concern about use of illegal drugs, issues of past abuse, addiction or poor pain control. The request for urine toxicology screen is determined to be not medically necessary.