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| Case Number: | CM15-0124021 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 03/23/2012 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female, who sustained an industrial injury on 3/23/12. She reported pain in the neck, bilateral shoulders, bilateral hands, and low back. The injured worker was diagnosed as having cervical spine strain/sprain rule out discopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbar spine strain/sprain rule out discopathy, and lower extremity radiculitis. Treatment to date has included left shoulder surgery, physical therapy, lumbar epidural injections, and medication. Currently, the injured worker complains of left shoulder pain and decreased range of motion. The treating physician requested authorization for urine drug laboratory screening done on 5/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Laboratory screening done 5/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the injured worker is prescribed Tramadol for pain control. Four urine drug screens have been performed since the later part of 2014. Per the available guidelines, this periodicity is not warranted in this case. The request for urine drug laboratory screening done 5/13/15 is determined to not be medically necessary.