

<b>Case Number:</b>	CM13-0017900		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/01/2003
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 physician 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 37 YO, F with a date of injury on 1/1/03. The hand written progress report dated 8/13/13 by [REDACTED] noted that the patient complained of neck pain and bilateral wrist pain. Exam findings included tenderness to palpation of the cervical spine as well as bilateral wrists. The patient's diagnoses include: generalized pain; osteoarthritis unspecified; heart burn. The patient received medications including Tramadol, naproxen, and Prilosec. A request was made for a urinary analysis. No other progress notes were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of Urine Drug Screens.

**Decision rationale:** The hand written progress report dated 8/13/13 by [REDACTED] noted that the patient complained of neck pain and bilateral wrist pain. Exam findings included tenderness to palpation of the cervical spine as well as bilateral wrists. The patient's diagnoses include:

generalized pain; osteoarthritis unspecified; heart burn. The patient received medications including tramadol, naproxen, and Prilosec. A request was made for a urinary analysis. No other progress notes were provided for review. MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs. However, the frequency of urine drug screening is not discussed by MTUS. Therefore, a different guideline was reviewed. ODG recommends the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of the initiation of therapy and on a yearly basis thereafter. The patient is on Tramadol, a synthetic opiate and once a year testing is reasonable and recommended by ODG. MTUS supports urine drug screening. Since there is no evidence that more than 1 UDS was obtained, authorization is reasonable.