

Case Number:	CM13-0042219		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2011
Decision Date:	02/20/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/17/2013

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 and 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:

This is a female patient with a date of injury of 6/22/11. A utilization review determination dated 9/20/13 recommends non-certification of urine analysis. A progress report dated 9/9/13 identifies subjective complaints including cervical spine and left shoulder pain, stiffness, weakness, and cervical spine numbness. Objective examination findings identify cervical spine and left shoulder TTP, spasm, "Range Of Motion" and SENS," as well as "4/5 RCT." Diagnoses include sprain/strain of shoulder, elbow, and wrist. Treatment plan recommends Motrin, Prilosec, and Urine Analysis for drug compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Urine Analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 90-91.

Decision rationale: Regarding the request for urine analysis, Chronic Pain Medical Treatment Guidelines supports the use of frequent random urine toxicology screens to avoid misuse of opioids. Within the documentation available for review, there is documentation that the request

is for drug compliance, but the patient is taking only Motrin and Prilosec. There is no documentation that the patient is taking any drugs of potential abuse. In the absence of such documentation, the currently requested urine analysis is not medically necessary.