

<b>Case Number:</b>	CM13-0044002		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/05/1999
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 and is licensed to practice in Illinois. 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 47-year-old female who reported a work-related injury on 08/05/1999; specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: status post arthroscopic subacromial decompression left shoulder on 07/16/2001, status post open subacromial decompression left shoulder on 12/16/2002, status post arthroscopic subacromial decompression right shoulder on 08/04/2003, status post open decompression right shoulder on 06/07/2005, bilateral upper extremities overuse tendinitis, C5-6 disc herniation with intermittent radiculopathy, lumbar sprain/strain, and fibromyalgia. The clinical note dated 09/13/2013 reports the patient was seen under the care of [REDACTED]. The provider documents a urine specimen was obtained to monitor medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urinalysis:** 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 Page(s): 43,89.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review lacks evidence to support the requested retrospective urinalysis. The clinical notes do not document the patient's current medication regimen, when the patient last underwent urine drug screen, or if the patient presented with any aberrant behaviors. California MTUS supports monitoring of medication compliance with urine drug screen. However, given all of the above, the request for retrospective urinalysis is not medically necessary or appropriate.