

Case Number:	CM13-0053426		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2010
Decision Date:	03/13/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice, and is licensed to practice in Texas. 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 40-year-old female who reported injury on 07/27/2010. The mechanism of injury was not provided. The patient was noted to have undergone a drug urinalysis on 02/08/2013, which was consistent for prescribed medications, and the request on 05/02/2013 was to monitor medication compliance. The patient's diagnosis was noted to be sprains and strains of the neck. The request was made for a retrospective urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis (retrospective): 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): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The patient was noted to have undergone a drug urinalysis on 02/08/2013, which was consistent for prescribed medications, and the request on 05/02/2013 was to monitor medication compliance. There was a lack of documentation indicating the patient had a documented issue of abuse, addiction, or poor

pain control. Given the above, the request for a retrospective urinalysis is not medically necessary.