

<b>Case Number:</b>	CM13-0063461		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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 injured worker is a 52-year-old who reported an injury on November 3, 2012 after a slip and fall. The injured worker reportedly sustained an injury to her elbow and low back. Injured worker was evaluated on October 25, 2013. It was documented that the injured worker's medications included Naprosyn. Physical findings included limited range of motion of the lumbar spine secondary to pain with tenderness to palpation over the paraspinal musculature. Examination of the left knee documented limited range of motion secondary to pain, a positive McMurray test, and crepitus with pain over the left lateral joint. The injured worker's diagnoses included a left knee strain, rule out meniscus tear, right shoulder rotator cuff syndrome, rule out rotator cuff tear, and acute lumbar strain, rule out disc herniation. The injured worker's treatment plan included physical therapy for the lumbar spine, continuation of a home exercise program, continuation of Naprosyn and modified work duty. A urine drug screen was requested to verify compliance to the injured worker's narcotic drug contract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINALYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The requested urinalysis is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommends drug testing for patients who are at risk for illicit drug use or have evidence upon examination of overuse or withdrawal. Drug testing is also recommended for patients who are using controlled substances to manage their chronic pain. Clinical documentation submitted for review does not provide any evidence that the injured worker's medication schedule includes a controlled substance that would require drug testing and monitoring. Additionally, there is no documentation in the injured worker's physical examination of evidence that would support illicit drug use. Therefore, the need for a urinalysis is not supported. The request for urinalysis is not medically necessary or appropriate.