

Case Number:	CM13-0063880		
Date Assigned:	12/30/2013	Date of Injury:	03/25/2013
Decision Date:	03/25/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/10/2013

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 Medicine, and is licensed to practice in Utah. 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 43 year old female. She has been diagnosed with neck pain and upper extremity pain, including impingement syndrome, and left elbow epicondylitis. The physical exam findings show the shoulder painful with Hawkins's testing and impingement testing. Pain is noted with overhead movements. She also notes a painful elbow, with movement of the wrist. Medications include, but are not limited to, Tramadol. According to the clinical documents, it is unclear what other medication she is taking. It is also unclear the time frame of her taking the medications. There is a report noted of a urine drug screen. Clinical progress notes are very limited. The request is for urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urinalysis (DOS 10/14/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Comp (TWC) Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Drug Testing Page(s): 44, 76-77.

Decision rationale: The MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for urinalysis. The employee is currently taking controlled medications. It is unclear at this time what medications, other than Tramadol the employee is taking. The employee has had urine drug screens, which were negative and consistent with the medications that the employee was taking. According to the clinical documents there is lacking evidence of misuse or abuse of these medications. According to the MTUS guidelines, the urine drug screen is recommended once a year, for a low risk patient, as stated above. It is also recommended to use a urine drug screen to assess for the use or the present of illegal drugs. There is no indication for urinalysis, which is different from a urine drug screen, at this time. It is unclear at this time why the urinalysis is requested, instead of urine drug screen to monitor medications.