

<b>Case Number:</b>	CM13-0069248		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Internal Medicine 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 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:

According to the records made available for review, this is a 66-year-old male with a 10/9/12 date of injury. At the time (12/5/13) of the Decision for urinalysis, there is documentation of subjective (cervical pain with radiculitis, right and left shoulder pain, and thoracic spine pain) and objective (decreased cervical spine range of motion, tenderness to palpation over the right and left shoulders, and positive impingement sign bilaterally) findings, current diagnoses (cervical syndrome with radiculopathy, thoracic musculoligamentous pain, and right and left shoulder sprain/impingement syndrome with partial supraspinatus tendon tears), and treatment to date (physical therapy). There is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical syndrome with radiculopathy, thoracic musculoligamentous pain, and right and left shoulder sprain/impingement syndrome with partial supraspinatus tendon tears. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for urinalysis is not medically necessary and appropriate.