

Case Number:	CM14-0003243		
Date Assigned:	01/31/2014	Date of Injury:	01/02/2013
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/09/2014

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:

The patient is an employee of [REDACTED] who has submitted a claim for headache and pain in her neck, back and lower extremities from an associated industrial injury date of January 2, 2013. Treatment to date has included Anaprox and Biotherm Cream. Medical records from 2013 were reviewed which showed that the patient complained of headache and pain on her cervical spine and bilateral shoulders with improvements with medication from a pain scale of 8/10 to 5-7/10. On physical examination, there was limited range of motion of the cervical spine with a muscle strength of 5/5 in the C5,C6 and C7 nerve root distribution and normal sensation in the C5, C6, C7 and C8. Utilization review from December 3, 2014 denied the request for Urinalysis because there was no documentation of opioid narcotics.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 94

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 78.

Decision rationale: According to page 78 of the Chronic Pain Medical Treatment Guidelines, a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In this case, the patient's current medications such as Anaprox (Naproxen) and Biotherm Cream (Topical Capsaicin) do not contain opioids that would necessitate urinalysis. Furthermore, there was no indicated plan to start the patients on opioids, which may necessitate baseline level. Therefore, the request for Urinalysis is not medically necessary.