

<b>Case Number:</b>	CM14-0009901		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational 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:

This is a 50-year-old male patient with a 6/17/12 date of injury. He injured himself while working as a truck driver. A progress report dated on 12/14/13 indicated that the patient had neck and back pain, which improved with a cervical median branch block at C2, C3 and C4 on 10/24/14. He also had frequent headaches, for which he was approved for occipital nerve block on the right. Physical exam demonstrated some tenderness in the right sacroiliac joint. There was tenderness over the paraspinal muscles in the cervical region. He was diagnosed with Lumbar radiculopathy, Occipital neuralgia in the right, cervical disc degeneration and lumbar facet syndrome. Treatment to date: medication management (Naproxen and Prilosec), epidural steroid injection. There is documentation of a previous 1/7/14 adverse determination. The decision for denial was not provided.

### 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 Urine drug screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Drug Testing, Urine testing in ongoing opiate management), Chronic Use of Opioids Page(s): 43, 78, 222-238.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. However, there was no documentation supporting opiate use. In addition there was no evidence of illegal drug use or concern regarding aberrant behavior. Therefore, the request for urinalysis was not medically necessary.