

<b>Case Number:</b>	CM14-0038378		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/23/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 51 year-old male who was reportedly injured on November 23, 2012. The mechanism of injury is noted as a traction type injury while stopping quickly. The most recent progress note dated February 10, 2014, indicates that there are ongoing complaints of low back and right shoulder pain. The physical examination demonstrated tenderness to palpation of the acromioclavicular joint on the right, pain with motion and a decreased range of motion of the right shoulder. Right shoulder motor function is described as 4/5 and sensation is intact. There is tenderness to palpation in the lumbar musculature. With a decrease in range of motion, a slight motor function loss and sensation to be intact. Diagnostic imaging studies normal findings on plain film with a suggestion of an avascular necrosis of the femoral head. Previous treatment includes lumbar surgery, multiple medications, physical therapy and injections. A request was made for a urinalysis and was not certified in the pre-authorization process on March 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient urinalysis test:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78.

**Decision rationale:** It is noted that the injured employee has an avascular necrosis of the hip and ordinary disease of life. Is also noted there are degenerative changes of the bilateral knees. The medication Norco has been prescribed however there is no indication of any abuse, diversions, or other indicators requiring a urine drug screen. Furthermore, the true plan indicates that the treating provider is requesting a urinalysis and is not clear if this is intended to address the opioid use or other medical maladies. Therefore, based on this limited progress note there is insufficient clinical evidence presented to support the medical necessity of this testing. Therefore the request is not medically necessary.