

<b>Case Number:</b>	CM14-0080144		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/15/2014
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 a 39 year old male with an injury date of 03/15/14. Based on the 04/16/14 progress report provided by [REDACTED] the patient complains of headache pain and bilateral shoulder pain which are worsened with activities and temporarily relieved with medications and treatments. He also has neck pain with radiation to the bilateral upper extremities with associated numbness. Both the foraminal compression and Jackson's compression test are positive bilaterally for the cervical spine. The lumbar spine had a positive Ely's, Bechterew's and Iliac Compression test as well as a positive straight leg raise. Regarding the upper extremities, there is tenderness noted at the biceps, deltoids, acromioclavicular joint and rhomboid muscles bilaterally. Impingement sign and apprehension test are positive bilaterally. Review of the reports does not show any list of medications the patient is taking. The patient's diagnoses include cervical spine strain, lumbosacral sprain strain, radicular syndrome in the lower extremity and a left shoulder sprain/strain. [REDACTED] is requesting for 4 urine analyses (one a month for four months). The utilization review determination being challenged is dated 05/13/14. [REDACTED] is the requesting provider, and he provided two treatment reports from 03/19/14 and 04/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 urine analyses (once a month for four months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Chapter: Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen.

**Decision rationale:** According to the 04/16/14 report by [REDACTED], the patient presents with headache pain, bilateral shoulder pain, and neck pain with radiation to the bilateral upper extremities with associated numbness. The request is for 4 urine analyses (one a month for four months). The report with the request was not provided and it is not clear why the physician requested for the four urine analyses. While MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risks opiate users, the ODG Guidelines provides a clearer guideline for low risk opiate users. It recommends once yearly urine drug screen following initial screening within the first six months for management of chronic opiate use. The patient a urinalysis on 04/23/14 and there is no discussion regarding any concerns raised to warrant a more frequent UDS's to help manage this patient's opiates use. Therefore the request is not medically necessary.