

<b>Case Number:</b>	CM14-0200392		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Pain 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 female patient with a date of injury of August 18, 1999. A utilization review determination dated November 14, 2014 recommends non-certification of a urinalysis. A progress note dated October 24, 2014 identifies subjective complaints of acute exacerbation of low back pain, low back pain rated at a 7/10, increased neck pain, and aching pain in the left shoulder rated at a 6/10. The patient is currently taking Norco, Xanax, Ambien, and glucosamine. The patient states that Norco is helping and she is currently attending water therapy. The physical examination identifies mild torticollis to the left, head compression sign is positive, Spurling's maneuver is positive to the left, there is tenderness from thoracolumbar spine down to the base of the pelvis, and the patient has spasm and tightness in the paralumbar musculature. The diagnoses include cervical discopathy/stenosis, bilateral upper extremity overuse tendinitis, cervical radiculitis, lumbosacral spine lumbago, and anxiety and depression. The treatment plan recommends an MRI of the cervical spine, an MRI of the lumbar spine, a request for authorization for a lumbar epidural injection, a prescription for Xanax 1 mg #30, a prescription for Ambien 10 mg #30, a prescription for Norco 10-325 mg #90, and a request for a urinalysis.

### 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 ODG-TWC, Urine Drug Test (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

**Decision rationale:** Regarding the request for a urinalysis, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is indication that the patient is currently taking Norco, Xanax, and Ambien; however, there is no documentation of the date and results of prior urine drug testing, and there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested urinalysis is not medically necessary.