

<b>Case Number:</b>	CM14-0087055		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Family Practice, 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:

53 yr .old male claimant sustained a work injury on 7/29/10 involving the neck and left shoulder. He was diagnosed with cervicalgia, cervical radiculopathy and a left shoulder supraspinatus tear. He had been treated with NSAIDs for several months along with proton pump inhibitors. He was also depressed and was treated with antidepressants. A progress note on 4/25/13 indicated the claimant had 7/10 pain. Exam findings were not noted. A request was made for CBC, Hepatitis panel, Chem 8 and a urine toxicology screen. A progress note on 4/16/14 indicated the claimant has 7/10 pain. He remained on the same class of medications. A CBC, CRP, CPK, Chem 8 and Urine tox screen was ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab: CBS, CRP, CPK, CHEM 8 UA Tox Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Opioids Page(s): 69 and 83-91.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to

prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Other medications such as NSAIDs and anti-depressants are cleared by the liver and kidney and routine monitoring may be necessary. However, the clinical notes do not indicate the necessity of the specific tests above such as the CPK or CPR. There was no indication of muscle pains. Prior labs also were not provided to indicate abnormalities. Based on the above, the labs and urine screen ordered are not medically necessary.