

<b>Case Number:</b>	CM15-0006506		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old female who reported an injury on 04/13/2013. Her diagnoses included a sprain/strain of the shoulder, sprain/strain of the elbow/arm, and sprain of the neck. The mechanism of injury was unspecified. Past treatments included infrared unit, medications, topical cream, and physical therapy. On 11/06/2014, the injured worker complained of cervical pain rated 7/10 and 2/10 with medications. The shoulder pain was rated 6/10 and 2/10 with medications, and elbow/arm pain rated 8/10 and 3/10 with medications and pain rated 4/10 and 1/10 with medications. The treatment request included a urinalysis performed on 02/06/2014 for monitoring and insuring there is no illicit drug use. Her relevant medications were not provided for review. A Request for Authorization form was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis Performed between 11/6/2014 and 11/6/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for Urinalysis Performed between 11/6/2014 and 11/6/2014 is not medically necessary. According to the California MTUS Guidelines, drug testing is recommended as an option to assess for the use or presence of illegal drugs and for ongoing management for patients on opioid regimens. The injured worker was indicated to have chronic cervical, shoulder, elbow, forearm, and hand pain. However, there was lack of documentation to indicate the injured worker was using illicit drugs to negate medical necessity of the urinalysis. Based on the above, the request is not supported by the evidence-based guidelines. Therefore, a preauthorization should have been obtained prior to prescribing the service. As such, the request is not medically necessary.

**60 Hydrocodone - APAP 2.5/325MG Dispensed 11/6/2014 and 11/6/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The request for 60 Hydrocodone - APAP 2.5/325MG Dispensed 11/6/2014 and 11/6/2014 is not medically necessary. According to the California MTUS Guidelines, patients on opioid regimens should have ongoing review and documentation of their pain relief, side effects, physical and psychosocial functioning, the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, an objective decrease in pain, or evidence of monitoring for side effects or aberrant drug related. In the absence of the above, the request is not supported by the evidence based guidelines. As such, this request is not medically necessary.