

<b>Case Number:</b>	CM15-0131024		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 60-year-old female, who sustained an industrial injury on December 9, 2013. The injured worker was diagnosed as having lumbar radiculopathy, depression and rule out right shoulder impingement and internal derangement, rule out lumbar disc protrusion, rule out right carpal tunnel syndrome and rule out right knee meniscus tear and right ankle internal derangement. Treatment to date has included medication. A progress note dated May 18, 2015 provides the injured worker complains of right shoulder, lumbar, wrist, knee and ankle pain with depression. Physical exam notes tenderness on palpation of the lumbar area with slight decreased range of motion (ROM). There is right shoulder painful decreased range of motion (ROM) with spasm and positive Neer's and Hawkin's test. The right wrist range of motion (ROM) is painful and decreased with spasm and positive Tinel's and Phalen's sign. The right knee and ankle are tender on palpation with painful decreased range of motion (ROM) and spasm. McMurray's and Thompson's test are positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Analysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15791892>.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine Analysis is not medically necessary.