

<b>Case Number:</b>	CM15-0200983		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	07/26/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 43 year old female with a date of injury on 7-26-14. A review of the medical record indicates that the injured worker is undergoing treatment for lower back and neck pain. Progress report dated 8-10-15 reports continued complaints of neck pain with upper extremity numbness, tingling and weakness. She reports she has not had recent treatment and is still having trouble sleeping. She will requires medication. Objective findings: negative Spuring's test, pain with cervical compression, myofascial guarding and trigger points are evident. Treatment plan: acupuncture twice per week for three weeks, refill medicine, analgesic creams and patches. Toxicology report dated 2-5-15 was negative for all natural and synthetic opioids tested. Request for authorization dated 9-17-15 was made for Urine analysis, chromatography, qualitative, column. Utilization review dated 9-24-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Analysis, Chromatography, Qualitative, Column:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** This 43 year old female has complained of low back pain and neck pain since date of injury 7/26/2014. She has been treated with physical therapy, acupuncture and medications. The current request is for urinalysis, chromatography. No treating physician reports adequately address the specific indications for urinalysis chromatography testing. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urinalysis testing may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urinalysis, chromatography is not medically necessary.