

<b>Case Number:</b>	CM15-0020169		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old female with an industrial injury dated June 5, 2013. The injured worker diagnoses include cervicalgia, lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified, impingement syndrome, deltoid bursitis, right shoulder pain, left shoulder pain, disorders of bursa and tendons in shoulder region, right knee pain, left knee pain and neurotic disorders. Investigations done are diagnostic studies and radiographic imaging. The treatment completed are PT, medications management and periodic follow up visits. According to the progress note dated December 4, 2014, the injured worker reported cervical spine, lumbar spine, bilateral shoulder and bilateral knee pain. The pain score was reported as 8/10 on a 0 to 10 scale. Treatment consisted of prescribed medications with request for pain management evaluation due to ongoing cervical and lumbar spine pain despite conservative treatment. The medications listed are Naprosyn and Omeprazole. The treating physician prescribed services for urine toxicology. Utilization Review determination on January 15, 2015 denied the request for urine toxicology, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that compliance monitoring be implemented in patients on chronic treatment with opioids and sedative medications. It is recommended that random Urine Drug screen, absence of aberrant drug behavior and functional restoration be documented. The records did not show that the patient is utilizing any opioid or sedative medication. The medications listed are NSAIDs and proton pump inhibitors. The criteria for Urine Toxicology screen was not met.