

<b>Case Number:</b>	CM15-0218512		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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 53 year old male with an industrial injury date of 02-22-2011. Medical record review indicates he is being treated for hypertension, nonorganic sleep disorder, gastritis, convulsions, dyspnea, rhinitis and irritable bowel syndrome. Subjective complaints (08-06-2015) included headaches, neck and shoulder pain. Physical exam (08-06-2015) noted chest clear, heart sounds normal and neurological exam was documented as normal. Current medication (08-06-2015) included Naprosyn, Omeprazole, Tramadol ER, Losartan, Tenormin, Cozaar and Hydrochlorothiazide. On 10-05-2015 the request for urinalysis was modified to Certify (10 panel random urine drug screen for qualitative analysis either through point of care testing or laboratory testing with confirmatory laboratory testing only performed on inconsistent results times 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/tests-procedures/urinalysis/basics/definition/prc-20020390>.

**Decision rationale:** MTUS guidelines and ODG do not address the use of urinalysis testing. Per the stated guideline, a urinalysis is used to detect and assess a wide range of disorders, such as urinary tract infection, kidney disease and diabetes. Urinalysis involves examining the appearance, concentration and content of urine. There is no evidence of a concern for kidney disease or diabetes in the injured worker. There is no supporting evidence in the documentation that would warrant the use of urinalysis. The request for urinalysis is not medically necessary.