

<b>Case Number:</b>	CM15-0119524		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on 07/31/14. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies include a MRI of the lumbar spine. Current complaints include chronic pain. Current diagnoses include lumbar spine strain/sprain, bilateral shoulder and elbow sprain/strain, bilateral carpal tunnel syndrome, and status post shin contusion, anxiety, and insomnia. In a progress note dated 05/14/15 the treating provider reports the plan of care as medications including cyclobenzaprine, Relafen, omeprazole, compounds of gaba/amit/dextr and cyc/flur. Also recommended are a TENS trial, Functional Improvement Measures, x-rays of the lumbar spine, a lumbosacral support, a Pharmacogenetic Pain Report, and a urine drug screen. The requested treatment is a urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Urine analysis (DOS: 5/14/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine analysis data service May 14, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are bilateral shoulder sprain strain; bilateral elbow sprain strain; bilateral hand/wrist sprain strain; lumbar spine sprain strain; right shin, status post contusion; anxiety and insomnia. The date of injury is July 31, 2014. The worker had three urine drug toxicology screens. The first UDS was performed April 14, 2015, the second UDS was performed May 14, 2015 and the third UDS was performed June 15, 2015. There was no hard copy of the April 14, 2015 urine drug screen in the medical record. According to an April 14, 2015 progress note into worker's current medications included cyclobenzaprine, omeprazole and Nabumatone. There is no May 14, 2015 progress note in the medical record available for review. As a result, there is no clinical discussion, indication or rationale for repeating a urine drug toxicology screen one month after the April 14, 2015 urine drug toxicology screen. There is no risk assessment. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with a May 14, 2015 progress note, a clinical indication/rationale for a repeat urine drug screen and no evidence of aberrant drug-related behavior, drug misuse or abuse, retrospective urine analysis data service May 14, 2015 is not medically necessary.