

<b>Case Number:</b>	CM15-0124786		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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 (IW) is a 51 year old female who sustained an industrial injury on 06/18/2012. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having cervicalgia, cervical radiculopathy, and shoulder pain, shoulder impingement syndrome, depression and history of bilateral carpal tunnel syndrome. Treatment to date has included carpal tunnel surgery, physical therapy for home exercise program, and pain management with cervical epidural steroid injections. Currently, the injured worker states her pain remains just about the same. On June 3 2015, her pain level was 7/10 with medications and 9/10 without. She stated medications were helping. Medications include Omeprazole, Gabapentin, and Ibuprofen. A request for authorization is made for the following: Urinalysis for monitoring medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis for monitoring medications:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 94.

**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) Urine Drug Test.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the claimant had a urine drug screen performed on 4/28/15 which was negative for use of undisclosed substances. In addition, she is not maintained on any opiate therapy. Medical necessity for the requested test is not established. this was not found to be medically necessary. The requested urine drug screen test is not medically necessary.