

<b>Case Number:</b>	CM14-0140417		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36 year old male with a reported date of injury on July 08, 2013. The mechanism of injury is not described. Review of the submitted documentation indicates the patient has been treated for neck pain, right shoulder pain, and low back pain. The patient stated he had been taking naproxen and a muscle relaxant, but discontinued use because the muscle relaxer made him sleepy, and naproxen bothered his stomach. It is noted that the patient attended physical therapy, chiropractic therapy, and acupuncture as conservative pain management intervention. The current request is for urinalysis for date of service July 19, 2014. Non opioid medications that were dispensed during this timeframe are listed as topical Lipoderm base, Terocin patch, gabapentin compound, Mediderm base cream, and a flurbiprofen compound. A urinalysis is being requested. The last clinical noted that the patient had no genitourinary symptoms such as dysuria or frequency. There was a urine drug screen done in May 2014 as well. The request for this medical review relates to a urinalysis done 7/19/2014. Screening urine examinations were not submitted. The submitted records included confirmatory urine testing done by liquid chromatography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Urinalysis, DOS: 7/19/14: 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 Page(s): 43,77,89.

**Decision rationale:** The injured worker is not reported to be opiates, which are the most common medications for which analysis of urine drug screen is performed. Second, the patient did not have urine screening for drugs prior to submission of request for confirmatory testing. Confirmatory testing is required when there is high suspicion of misuse or inconsistency on screening point of care testing in the office. Third, random urine drug tests are recommended up to 3-4 times a year randomly in patients at moderate risk of opiate misuse. The patient is not on opiate and no documentation has been provided to substantiate that he is at moderate or high risk. It would make no sense to do urine drug screens on a patient at low risk of misuse at each visit. As mentioned, the patient's previous urine drug testing was done in May 2014 and then has been repeated again in July 2014. It is simply imprudent and wasteful to perform confirmatory urine drug testing by liquid chromatography in a patient so often when there is no evidence of risk of aberrancy. For all the aforementioned reasons, the request is not recommended.