

<b>Case Number:</b>	CM13-0015736		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Physical Medicine and Rehabilitation 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 64-year-old male who reported an injury on 07/14/2003 after being struck on the right knee by a heavy pallet. Current diagnoses include lumbar spine strain and status post right knee arthroplasty. The injured worker was evaluated on 06/07/2013. Physical examination revealed full range of motion of the right knee with tenderness to palpation, swelling, and crepitus. Treatment recommendations on that date included an MRI of the lumbar spine and right knee, a pain management consultation, continuation of current medication, and a urinalysis test for toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE (6/17/13) URINALYSIS TEST FOR TOXICOLOGY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines (ODG) state the frequency of urine drug testing should be based on

documented evidence of risk stratification. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a year basis thereafter. As per the documentation submitted, the date of injury is greater than 10 years ago, and there is no indication of noncompliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. The injured worker's previous urinalysis completed on 05/01/2013 indicated consistent results. Per clinical information received, the request is non-certified.