

<b>Case Number:</b>	CM13-0044984		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/25/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 claimant is a 37-year-old male who reportedly sustained a crush injury to the right lower extremity on February 25, 2012. The claimant has undergone multiple surgical interventions to the right lower extremity. The claimant has been diagnosed with osteoarthritis of the knee. The treatment has consisted of topical medications including Theraflex and Bio-therm. Dyotin SR (Gabapentin) was also being prescribed. The treating provider is requesting a urine drug panel to check for efficacy of medications.

### 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 Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Page(s): 78.

**Decision rationale:** As noted on page 78 of the MTUS chronic pain medical treatment guidelines, urine drug screens are supported to monitor individuals requiring ongoing and chronic use of opioid medications. The medical records presented to be reviewed do not indicate that the claimant is taking any opioid medications. There is no indication to check a urine drug

screen for efficacy of the medications. The previous non-certification was reviewed and also based on the facts that the claimant was not taking any opioid medications and was only utilizing topical creams. The medical necessity of a urine drug screen was not felt to be indicated. The treating provider has not provided any additional information that would result in an overturn of the previous non-certification. The request is not medically necessary.