

<b>Case Number:</b>	CM13-0059382		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/12/1997
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric rehabilitation Medicine and is licensed to practice Illinois. 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 physician 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 patient is a 63-year-old female who reported injury on 09/12/1997. The mechanism of injury was not provided. The patient's diagnoses include status post bilateral knee surgery and facet osteoarthritis L5-S1. The patient had a urine drug screen in 05/2013 that was appropriate. The request was made for urine drug screen to monitor medication compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Urinalysis drug screening on 8/30/2013 qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS Guidelines indicate that use of urine drug screen is appropriate for patients with documented issues of abuse, addiction, or poor pain control. Clinical documentation submitted for review failed to indicate the patient met the above criterion. Given the above, the request for a urine drug screen is not medically necessary.