

<b>Case Number:</b>	CM13-0067463		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Family Medicine, has a subspecialty in Pain 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 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:

This 42 yr. old male claimant sustained a knee injury while walking on a ramp on 10/1/07. Due to continued pain an MRI was performed in 10/2007, which showed an anterior cruciate tear of the right. In 2008 he had arthroscopic surgical debridement of the right knee. On January 2012, the claimant reinjured his knee while playing tag with a student. He has been on opioids (Norco) since for several years for pain control. His treating physician has performed random urine drug screens to assess for compliance. Urine screens were performed 4 times a year in 2011 to 2012 and were consistent with the patient's prescriptions. A screen in 1/1/13 was also consistent with medications taken. An exam note on 11/21/13 indicated that that the claimant continued to have right knee pain with numbness and paresthesias. He has been taking Norco for pain and topical Voltaren gel for pain. The treating physician continued Norco for pain and ordered a random urine drug screen due to opioid use. Counseling was provided for appropriate use of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) in office 12-panel urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screen Page(s): 83-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. Based on the above references and the claimant's compliant clinical history a urine toxicology screen is not medically necessary.