

<b>Case Number:</b>	CM13-0071390		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 & 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:

According to the records made available for review, this is a 48-year-old male with a 4/4/12 date of injury and status post bilateral knee arthroscopy, right knee in 2012 and left knee in 2013. At the time (10/18/13) of request for authorization for urinalysis for toxicology and compliance with medications, there is documentation of subjective (low back pain, bilateral hand/wrist pain with weakness and numbness, bilateral knee pain, and difficulty performing activities of daily living) and objective (tenderness to palpation over bilateral hands/wrist with radial deviation, decreased range of motion, decreased grip strength, and positive Tinel's, Phalen's and Finkelstein's tests bilaterally; lumbar paraspinal tenderness with decreased range of motion; and swelling of the knees with decreased motor strength) findings, current diagnoses (bilateral knee pain, bilateral wrist/hand sprain/strain, and lumbar sprain/strain), and treatment to date (medications (NSAIDs) and physical therapy). In addition, medical report identifies the patient's current medications include ibuprofen and Tylenol and plan identifies prescribe Tramadol for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### URINALYSIS FOR TOXICOLOGY AND COMPLIANCE WITH MEDICATIONS:

Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of bilateral knee pain, bilateral wrist/hand sprain/strain, and lumbar sprain/strain. However, given documentation of the patient's current medications (ibuprofen and Tylenol), and despite documentation of a plan identifying prescribe Tramadol for pain, there is no (clear) documentation of abuse, addiction, or poor pain control in patient under ongoing opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for urinalysis for toxicology and compliance with medications is not medically necessary.