

<b>Case Number:</b>	CM13-0072315		
<b>Date Assigned:</b>	02/11/2014	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Internal 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 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 67-year-old female with an 11/26/01 date of injury. At the time (12/5/13) of the Decision for retrospective request for urine drug screen for DOS 10/10/13, there is documentation of subjective (low back pain and knee pain) and objective (tenderness to palpation over the lumbar paravertebral muscles with muscle spasms, and tenderness to palpation of the anterior and medial right knee) findings, current diagnoses (lumbar sprain/strain and right knee sprain/strain), and treatment to date (opioids since at least 5/22/12). There is no documentation of abuse, addiction, or poor pain control in the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN FOR DOS 10/10/13:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain, Web Based Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On Going 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 sprain/strain and right knee sprain/strain. In addition, given documentation of opioid treatment since at least 5/22/12, there is documentation of ongoing opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control in the patient. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for urine drug screen for DOS 10/10/13 is not medically necessary.