

<b>Case Number:</b>	CM14-0002674		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral knee pain reportedly associated with an industrial injury of May 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; antidepressant medications; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of January 6, 2014, the claims administrator denied a request for urine drug testing, stating that the chronic pain guidelines in ODG only support random drug testing in those applicants using opioids. The applicant's attorney subsequently appealed. A January 10, 2013 progress note is notable for comments that the applicant is off of work, on total temporary disability, both owing to mental health issues and the diagnosis of bilateral knee internal derangement. An earlier progress note of December 5, 2013 is notable for comments that the applicant is reporting 8/10 bilateral knee pain. The applicant is presently using Norco and Prilosec. Tenderness and effusion are noted about the injured knees. Norco and Prilosec are refilled. The applicant is placed off of work, on total temporary disability. An earlier note of October 29, 2013 is notable for comments that the applicant should obtain urine drug testing as she is currently taking Norco. She is instructed to remain off of work, on total temporary disability. It does not appear that the drug testing was ordered on earlier progress notes of September 25, 2013, August 22, 2013, or August 25, 2013. The applicant, in addition to using Norco, is also using Xanax, it is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Urine Drug Testing Page(s): 43.

**Decision rationale:** As noted on page 43 of the MTUS Chronic pain Medical Treatment Guidelines, intermittent drug testing is recommended in chronic pain applicants, to assess for the use of, or the presence of illegal drugs. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of "drug screening" to address issues with abuse, addiction, or poor pain control in those applicants who are using opioids chronically. In this case, contrary to what was suggested by the claims administrator, the employee is, in fact, using Norco, an opioid, chronically. The employee has not had any recent urine drug testing. A urine drug test was indicated on the date in question, for all of the stated reasons. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.