

<b>Case Number:</b>	CM14-0107852		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/13/1990
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 78-year-old male with a 8/13/90 date of injury, and status post bilateral carpal tunnel release and status post right total hip replacement. At the time (6/24/14) of request for authorization for urine drug screen, there is documentation of subjective (right hip pain aggravated with prolonged walking and weightbearing, pain rated 8.5/10; left shoulder pain rated 9/10) and objective (walks with a limp, uses a cane, decreased lumbar spine range of motion, right shoulder tenderness, and right shoulder decreased range of motion) findings, current diagnoses (bilateral bicipital tenosynovitis of the shoulders, sprain/strain of the right biceps, status post bilateral carpal tunnel release with ulnar nerve entrapment of the left, sprain/strain with acute contusion of the left elbow, contusion of the chest with fracture of the 8th and 9th ribs, sprain/strain of the lumbar spine, status post right total hip replacement, sprain/strain right knee, and tear of the anterior cruciate ligament and tear of the medial and lateral meniscus with internal derangement), and treatment to date (acupuncture and medications (including Norco and Flexeril)). The 3/25/14 urine drug screen was reported as consistent. There is no documentation that the patient is at "moderate risk" of addiction & misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; Steps to take before a therapeutic trial of Opioids; On-going management of Opioids; Opioids for chronic pain.

**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. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of bilateral bicipital tenosynovitis of the shoulders, sprain/strain of the right biceps, status post bilateral carpal tunnel release with ulnar nerve entrapment of the left, sprain/strain with acute contusion of the left elbow, contusion of the chest with fracture of the 8th and 9th ribs, sprain/strain of the lumbar spine, status post right total hip replacement, sprain/strain right knee, and tear of the anterior cruciate ligament and tear of the medial and lateral meniscus with internal derangement. In addition, there is documentation of ongoing opioid treatment. However, given documentation of a urine drug screen done three months ago and reported as consistent, there is no documentation tha the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.