

<b>Case Number:</b>	CM14-0010307		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Medicine and is licensed to practice in Florida. 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:

The injured worker is a 47-year-old female who reported an injury on 06/05/2013. The mechanism of injury was a fall. She is diagnosed with status post right knee arthroscopy. Her past treatments included bracing, medication, and physical therapy. Diagnostic studies included a previous urine drug screen performed on 10/21/2013 which was noted to be consistent with her prescribed medications. The surgical history included a right knee arthroscopic meniscectomy on 10/04/2013. On 12/06/2013, the injured worker presented with right knee pain. Her medications were noted to include Norco which she indicated decreased her pain from a 9/10 to a 4/10. The treatment plan included a urine drug screen. The urine drug screen was requested as a part of her pain treatment agreement with opioid therapy due to the potential for substance abuse. The Request for Authorization was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINALYSIS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, 43; Opioids, Criteria for Use, On-going Management, page 78 Page(s): 43; 78.

**Decision rationale:** According to the California MTUS Guidelines California the ongoing management of injured worker's taking opioid medications may include urine drug screens for patients with issues of abuse, addiction, or poor pain control. The clinical information submitted for review indicated that the injured worker was utilizing hydrocodone for pain which would support periodic urine drug screens to monitor compliance. However, as the injured worker was noted to have had a consistent urine drug screen on 10/21/2013, further documentation is required indicating why the injured worker required a repeat urine drug screen or why the patient requires a repeat urine drug screen at this time. The documentation did not indicate that there was suspicion for abuse or noncompliance. In addition, the request failed to indicate the type of urine drug testing being requested. As such, the request is not medically necessary.