

<b>Case Number:</b>	CM14-0113752		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 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 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 patient is a 52-year-old male who has submitted a claim for unspecified chest pain, hypertension, diabetes, hand sprain, wrist sprain, and knee internal derangement associated with an industrial injury date of 2/26/2013. Medical records from 2014 were reviewed. The patient complained of acid reflux and constipation. He denied bright red blood per rectum. Lungs were clear to auscultation. Cardiovascular exam showed regular rate and rhythm without rubs or gallops. There was no clubbing, cyanosis or edema. Urine drug screen from 6/17/2014 showed consistent result with prescription medications. Treatment to date has included total knee replacement on 9/2013, left knee surgery on 2/10/2014, physical therapy, Norco, Soma, and topical creams. The utilization review from 6/30/2014 denied the request for urine drug screen. Reasons for denial were not made available.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medications include Norco and Soma. Urine drug screen from 6/17/2014 showed consistent result with prescription medications. There is no compelling rationale for repeating urine drug screen at this time. There is no assessment concerning aberrant drug behavior that may warrant repeat screening. Therefore, the request for urine drug screen is not medically necessary.