

<b>Case Number:</b>	CM14-0115272		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/05/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 49-year-old male with a 12/5/06 date of injury, and status post bilateral knee replacement. At the time (7/9/14) of request for authorization for urine drug screen, there is documentation of subjective (pain and discomfort involving the low back and bilateral knee) and objective (decreased lumbosacral range of motion, tenderness to palpation in the back region, positive straight leg raise, positive Apley's test of the knee) findings, current diagnoses (lumbosacral sprain/strain injury, lumbosacral disc injury, bilateral knee internal derangement, bilateral knee sprain/strain injury, bilateral knee replacement, bilateral knee surgeries), and treatment to date (medications (including Hydrocodone)). The 6/25/14 medical report identifies that the patient has cautioned about the possible side effects with the medications. There is no documentation of abuse, addiction, or poor pain control.

### 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 Chronic Pain Medical Treatment Guidelines.

**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 lumbosacral sprain/strain injury, lumbosacral disc injury, bilateral knee internal derangement, bilateral knee sprain/strain injury, bilateral knee replacement, bilateral knee surgeries. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.