

<b>Case Number:</b>	CM14-0155107		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 & Rehabilitation 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:

This is a 60 year old male with a 12/6/10 injury date. The mechanism of injury was not provided. In a 7/22/14 follow-up, subjective findings included neck, bilateral shoulder, hand, wrist, and knee pain. He was having trouble sleeping, taking medications and topical creams for pain, and was feeling worse than before. Objective findings included restricted bilateral upper extremity range of motion, weak rotator cuffs, and positive shoulder impingement bilaterally. A left knee xray on 8/26/14 showed medial compartment joint space narrowing. In a follow-up on 8/26/14, the provider renewed the medications for tramadol and Xanax, and stated the need for a urine toxicology test due to ACOEM guidelines. Diagnostic impression: lumbar spondylosis, knee osteoarthritis. Treatment to date: medications (tramadol, Xanax). A UR decision on 9/15/14 denied the request for urine toxicology on the basis that there was no documentation or rationale for the need of a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing page 43, Urine testing in ongoing opiate management page 78 Page(s): 43, 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. In the present case, the patient is taking the opioid tramadol, and has been taking it for at least several months. The prescriber's request for a urine toxicology appears valid. Therefore, the request for urine toxicology is medically necessary.