

<b>Case Number:</b>	CM14-0023086		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/17/2005
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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, has a subspecialty in Pain 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:

Clinical Summary: The patient is a 48 year old female who was injured on 10/17/2005 and 04/06/2006. Prior treatment history has included physical therapy for the right knee and knee brace. The patient underwent a right knee arthroscopic surgery on 07/23/2013. The patient's medications as of 01/14/2014 include triamterene 5 mg, diazepam, promethazine, Soma, hydrocodone (two per day, on average), Ambien, and hydroxyzine. Drug screen dated 02/21/2013 reports there was a false positive for benzodiazepine. Opiates was confirmed as positive; Morphine and Zolpidem were positive with inconsistent results. On orthopedic evaluation note dated 01/14/2014, the patient reports complaints of headaches, pain the neck, bilateral shoulders, bilateral wrists/hands, right hip and bilateral knees. In November of 2011, the patient was diagnosed with Meniere's disease. PR2 dated 01/14/2014 documented the patient had severe shoulder, elbow, and knee pain. On exam, she had weakness; positive cubital tunnel syndrome; grip loss; and restricted range of motion of the shoulder and knee. Diagnoses are cubital tunnel syndrome and postop arthroscopy knee. Prior UR dated 01/27/2014 states the request for retrospective DOS 11/20/2013/prospective review of urine drug screen is partially certified for a 10 panel random urine drug screen performed only on inconsistent results; however, there is no evidence for risks of drug misuse

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE DOS 11/20/2013/ PROSPECTIVE REVIEW OF URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing

**Decision rationale:** c) My rationale for why the requested treatment/service is or is not medically necessary: The CA MTUS and ODG Guidelines recommend urine drug testing for the use or presence of illegal substances, monitor compliance of prescribed substances, and uncover diversion of prescribed substances. The guidelines state that indications for UDT include at the onset of treatment when chronic opioid treatment is being considered, during treatment to monitor compliance when there is evidence of "high risk to addiction" such as comorbid psychiatric disorder, history of aberrant behavior, personal or family history of substance dependence, or personal history of sexual or physical abuse. The medical records document that the patient has been on chronic opioid therapy for a prolonged period of time, and prior drug testing confirmed the presence of opioids, however, there is no documentation of high risk of addiction, such as the criteria listed above. Based on the CA MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is non-certified.