

<b>Case Number:</b>	CM14-0047109		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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:

This is a 64-year-old female patient who sustained an industrial injury on 06/17/2009. The patient is diagnosed with status post left knee total arthroplasty 08/24/13, status post left knee heart for removal 10/17/09, fracture of the patella with ORIF on 06/17/2009, status post total knee replacement on 08/24/13, right shoulder tendinitis, impingement, rotator cuff tear exacerbated by fall injury on 03/14/12 landing on the right knee and right shoulder suffering from tibial plateau fracture of the right knee, lateral epicondylitis of the right elbow, tendinitis, carpal tunnel syndrome of the right hand, herniated lumbar disc with radiculopathy, symptoms of anxiety and depression, allergy affecting both legs, arms, resolving, and history of gastritis. Urine drug screens dated 12/13/13 and 01/03/14 were provided and noted to be positive for hydrocodone. Most recent progress note dated 02/28/14 reveals the patient presented with complaints of abdominal pain, nausea, heartburn, constipation, left knee pain, diabetes, hypertension, and right eye vision problems. Mechanism of injury occurred while working as a meat clerk/in a supermarket when she slipped on a piece of meat, landing on her left knee. Previous treatment has included surgery, physical therapy, and medications. Physical examination revealed a healed surgical scar from the left total knee arthroplasty. Medications include Norco 10/325 mg #120, Prilosec 20 mg one tablet twice daily #60 for gastritis secondary to NSAID intake. A request for urine drug screen DOS 02/13/2014 QTY: 1 was known certified a utilization review on 03/24/14 with the reviewing physician noting that in general guidelines supports such testing when beginning higher dose controlled medications, if there is evidence of aberrant or high risk behavior, and for periodic monitoring. In patients who are at low risk, ODG guidelines recommend testing within 6 months of initiation of therapy and on a yearly basis after that. There is no reason to perform confirmatory testing and muscle testing reveals inappropriate or unexpected results. In this case, the previously prescribed hydrocodone has been known

certified and there was previously and is currently no evidence noted of aberrant behavior. There was no perspective authorization requested and records did not include any rationale for the testing other than "routine" testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine Drug Screen QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ Pain (Chronic)/ Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioid screening for risk, Page(s): 43. Decision based on Non-MTUS Citation (ODG) Pain, Criteria for Use of Urine Drug Testing

**Decision rationale:** The CA MTUS notes that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs and monitor medication compliance. The ODG guidelines regarding frequency of testing states "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In this case, the claimant has undergone multiple urine drug screens including on 12/13/13 and 01/03/14, which were consistent. There is no documentation of aberrant behavior, or medication misuse or abuse or any other documentation indicating claimant is at anything other than minimal risk for medication misuse. Taking these factors in consideration, the medical necessity of a repeat urine drug screen performed on 02/13/14 is not established and therefore, the request is not medically necessary.