

<b>Case Number:</b>	CM14-0067201		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 35 year old male who sustained an injury on 01/20/2009 while he was pushing a trash bin. He felt a pop in his knee. Progress note dated 04/21/2014 indicates the patient complained of low back pain that comes and goes with stiffness. She reported pain with sitting, standing and walking. The right knee pain comes and goes. Objective findings on exam revealed tenderness at the lateral compartment, right knee. There is limited range of motion of the lumbar spine. Diagnoses are lumbar herniated disc, medial and lateral meniscus tear of the knee and musculoligamentous lumbar spine sprain. The patient was recommended to continue medications which included Zolpidem 10 mg #30; omeprazole 20 mg #60 and Naproxen sodium 550 mg #60. There are no prior urine drug screens available for review neither is there any indication for a urine drug screening. Prior utilization review dated 04/21/2014 states the request for Urinalysis for prescription drug management is denied as there is no documentation of illicit drug use or non-compliance with prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis for prescription drug management:** Upheld

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

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

**Decision rationale:** According to MTUS and ODG guidelines, urine drug testing is recommended to assess for illicit drug use and prescription medicine adherence. Urine drug testing is recommended for patients taking opioids with frequency of testing dependent upon risk of abuse or aberrant behavior. This is a request for a urine drug screen for a 35-year-old male with chronic back and knee pain injured on 1/20/09. However, records do not discuss abuse or aberrant behavior. Frequency and timing of prior drug screens is not provided. The patient does not currently appear to be taking opioids. The request is not medically necessary.