

<b>Case Number:</b>	CM14-0091831		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Internal Medicine and is licensed to practice in California, Colorado, North Carolina, and Kentucky. 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 injured worker is a 63 year old female who reported injuries to her lower extremities. The utilization review dated 06/06/14 resulted in a denial for urine drug test as insufficient information had been submitted concurring the medical need. The clinical note dated 03/30/14 indicates the injured worker undergoing a record's review. The injured worker had been attending physical therapy to address the right knee complaints. It does appear the therapy had been providing some benefit for the injured worker. The injured worker was also undergoing a home exercise program as well. The note indicates the injured worker utilizing the prescribed medications appropriately. No information was submitted regarding the injured worker's abhorrent behaviors or possibility for drug misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Page 43 Page(s): 43.

**Decision rationale:** The request for urine drug test is not medically necessary. The documentation indicates the injured worker complaining of right knee pain. A urine drug test is indicated for injured workers who have been identified as utilizing opioid therapy on a continual basis, who have demonstrated abhorrent behavior or who have been identified as being at a higher risk for drug misuse. No information was submitted regarding the injured worker's ongoing use of opioid therapy. No information was submitted regarding the injured worker's demonstration of advert behavior or drug misuse. Given these factors, the request is not indicated as medically necessary.