

<b>Case Number:</b>	CM14-0106633		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 41 year old female, who sustained an industrial injury on 11/05/2010. Diagnoses include status post left knee ACL repair, lumbar sprain/strain, degenerative disc disease, L5, S1 radiculopathy. Treatment to date has included modified work, epidural steroid injections and medications including NSAIDs and Tramadol. Magnetic resonance imaging (MRI) of the lumbar spine dated 2/09/2013 showed L3-L4 degenerative disc disease. Per the handwritten Primary Treating Physician's Progress Report dated 6/05/2014, the injured worker reported left knee pain described as aching and constant and rated 4-5/10. He also reported low back pain rated as 5/10. Physical examination revealed the left leg as swollen and numb. Her gait was within normal limits. The plan of care included, and authorization was requested for Ibuprofen 800mg #60 and one urine drug screen

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) Urine Drug Testing (UDT).

**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) Urine Drug Testing.

**Decision rationale:** Based on MTUS/ODG guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of urine drug screening is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Indications for urine drug testing include at the onset of treatment: (1) Urine Drug Testing (UDT) is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. UDT is not generally recommended in acute treatment settings. (2) In cases in which the patient asks for a specific drug. This is particularly the case if the drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. this may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. (4) If aberrant behavior or misuse is suspected and/or detected During Ongoing Monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention- deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, there is no documentation to suggest patient is high risk for aberrant use or addiction. Also, there is no evidence or discussion about the medications not giving adequate pain relief which could suggest noncompliance. Lastly, the patient is only on tramadol and ibuprofen up to three times a day and these have a much lower risk for addiction/aberrant behavior. Therefore, based on the evidence in this case and MTUS/ODG guidelines, the request for a urine drug test is not medically necessary.