

<b>Case Number:</b>	CM15-0007065		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/24/1999
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 74 year old female with an industrial injury dated May 24, 1999. The injured worker was diagnosed with osteoarthritis unspecified of leg. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 10/16/2014, the physical exam revealed mild tenderness, stiffness and limited range of motion of bilateral knees. The treating physician prescribed services for urine toxicology screen to check the efficacy of the injured worker's prescribed medications. Utilization Review (UR) determination on December 15, 2014 denied the request for urine toxicology screen, citing MTUS, Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation painn chapter, urine drug testing

**Decision rationale:** This patient presents with chronic bilateral knee pain with tenderness, stiffness, and limited range of motion. The current request is for a urine toxicology screen. The utilization review denied the request stating that the medical records are unclear in terms of what risk level this patient been assessed which would determine the frequency of testing. It was noted that the patient had a previous urine drug screen that has been documented for this claimant. This patient's medication regimen includes hydrocodone 10/325 mg, diclofenac sodium 100 mg, orphenadrine 100 mg, and pantoprazole. The MTUS Guidelines page 76, under opiate management: "consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. The medical reports provided for review do not discuss this patient being at risk for aberrant behaviors. There is also no indication of any recent urine drug screens. Given the patient's opiate regimen, a once yearly random urine drug screen would be appropriate. The requested urine toxicology screen IS medically necessary.