

<b>Case Number:</b>	CM15-0107351		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 51 year old female with an industrial injury dated 2/19/2013. The injured worker's diagnoses include right knee pain with lateral meniscus tear. Treatment consisted of diagnostic studies, prescribed medications, acupuncture, physical therapy, and periodic follow up visits. In a progress note dated 5/6/2015, the injured worker reported ongoing right knee pain. The injured worker rated pain a constant 8/10 and a 5/10 with medication. Objective findings revealed ongoing tenderness to the knee and the use of a knee brace with no significant change. Random drug screen performed on 5/6/2015 was negative for Norco and illicit drugs. Treatment plan consisted of medication management. The treating physician prescribed one urinalysis drug screen between 5/6/2015 and 7/12/2015 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis Drug Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic): Urine Drug Testing (UDT) (2015).

**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) Criteria for use of urine drug testing.

**Decision rationale:** While MTUS guidelines do not specifically address how frequent UDS should be obtained from various risks for opiate users, ODG Guidelines provide recommendations for low risk opiate users. It recommends once yearly urine drug screening following initial screening during the first six months for management of chronic opiate use. In this case, the last UDS was on 5/6/2015 and it was negative for illicit drugs and opiates. In this case, there is no rationale given for another UDS just two months after a negative screen in a low risk patient. In addition, if the patient has stopped taking her Norco as the history indicates, there is no need for UDS. Therefore, the request is not medically necessary.