

<b>Case Number:</b>	CM15-0142586		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/24/2008
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old male, who sustained an industrial injury on July 24, 2008. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery, toxicology screen, medication, physical therapy, MRA and MRI. Currently, the injured worker complains of persistent and frequent neck and lower back pain rated at 8 on 10. He reports bilateral shoulder pain rated at 7 on 10, right knee pain at 8 on 10 and right foot pain rated at 7 on 10. He reports the pain is increased with activities and weather changes and improved with rest and pain medication. The injured worker is currently diagnosed with left shoulder anterior labrum tear, chronic cervical strain, bilateral knee chronic patellofemoral pain, right knee meniscal tear, bilateral shoulder rotator cuff syndrome and right shoulder sprain-strain. His work status is temporarily totally disabled. A progress note dated May 7, 2015, states the injured worker is experiencing a decrease in pain from physical therapy. A progress note dated June 8, 2015, states the injured worker reports therapeutic efficacy from his medication regimen and states his pain is decreased from an 8 on 10 to a 3-4 on 10 with Norco and from 8 on 10 to 5 on 10 with Naproxen. A urine drug screen (retrospective-date of service June 2, 2015) is requested to monitor for medication compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screen for DOS 6/2/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Steps to take before a therapeutic trial of opioids; On-Going Management Page(s): 43; 76-77, 2; 78, 4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for use of Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant sustained a work injury in July 2008 and continues to be treated for neck, bilateral shoulder, low back, and right knee and foot pain. He underwent an elective right total knee replacement in June 2015. Discharge medications included Norco and Xanax (alprazolam). Current medications include Norco reported to decrease pain from 8/10 to 4/10. When seen, there was decreased right knee range of motion with a mild diffusion. The claimant's BMI was 32. Urine drug screening had previously been performed in April 2015 and had shown the presence of hydrocodone and alprazolam. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's identified prescribed medications. This request for urine drug screening less than 3 months after the previous testing was not medically necessary.