

<b>Case Number:</b>	CM15-0149434		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/03/2006
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on 5-3-06. The injured worker was diagnosed as having sprain and strain of the left knee and leg and osteoarthritis. Treatment to date has included Synvisc injections and medication including Norco, Axid, and Reglan. Currently, the injured worker complains of left knee pain. The treating physician requested authorization for an outpatient comprehensive prescription panel drug screen for the date of service 6-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Prescription Panel Drug Screen, outpatient, (retrospective DOS 6/18/15):**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is suffering from chronic pain that is being managed with opioids. The request for comprehensive prescription panel drug screen, outpatient, (retrospective DOS 6/18/15) is determined to be medically necessary.