

<b>Case Number:</b>	CM15-0182334		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 65 year old male who sustained an industrial injury on 3-11-03. Diagnoses are noted as Lumbago-low back pain, knee pain-joint pain leg, and encounter long-term medication use. The urine toxicology report from date of service 7-15-15 findings are documented as consistent with prescriptions of Oxymorphone and Hydrocodone and inconsistent for Gabapentin. A previous urine toxicology is noted as being done 4-22-15 with 1 inconsistency reported. In a progress report dated 7-15-15, the physician notes complaints of continued lower back pain and left knee pain which is ongoing and increased with walking, bending, and activity. Current pain medication is noted to reduce pain level so he can have an active life more than without medication use. Prescriptions are Neurontin, Norco, and Opana ER. The requested treatment of a urine drug screen (date of service 7-15-15) was denied on 9-9-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen (DOS 07/15/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2003 and continues to be treated for low back and left knee pain. Urine drug screening was done in April 2015 with inconsistent findings of hydromorphone. Norco and extended release oxymorphone were being prescribed. When seen in May and June 2015 the urine drug results from April 2015 were not noted. When this request was made, he was continuing to have low back and left knee pain. There had been improvement after lumbar medial branch blocks. Physical examination findings included a weight of over 350 pounds. There was knee joint tenderness with positive McMurray and patellar grind test. There was decreased and painful range of motion. There was lumbar spine facet tenderness with decreased range of motion. Repeat urine drug screening was performed. 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. The finding of hydromorphone in the urine drug screening in April 2015 is likely a false positive due to hydrocodone metabolism and there was no review of this result or rationale as to why repeat testing was needed. For these reasons, this request for urine drug screening is not medically necessary.