

<b>Case Number:</b>	CM15-0182543		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/11/2015
<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: California

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 44 year old male who sustained an industrial injury on 9-11-12. The injured worker reported pain in the right knee and back. A review of the medical records indicates that the injured worker is undergoing treatments for right knee internal derangement status post right knee surgery (7-10-13) and possible lumbar discogenic pain, possible right lumbar facet pain L4-L5, L5-S1, possible lumbar sprain strain, low back pain related to gait imbalance and right lumbosacral radicular pain L5-S1. Medical records dated 8-17-15 indicate right knee pain rated at 4 to 9 out of 10 and low back pain rated at 5 to 10 out of 10. Provider documentation dated 8-17-15 noted the work status as temporary totally disabled. Treatment has included status post back surgeries, right knee magnetic resonance imaging (10-6-14), physical therapy, injection therapy, acupuncture treatment, home exercise program, radiographic studies, lumbar spine magnetic resonance imaging (10-22-14), Oxycodone, Vicodin, Norco since at least May of 2015, Ultram since at least May of 2015, Naprosyn, Gabapentin since at least May of 2015, and a knee brace. Objective findings dated 8-17-15 were notable for tenderness to the lower back at L4-S1, right knee with tenderness to the medial and lateral aspects with restricted range of motion due to pain. The treating physician indicates that the urine drug testing result (8-17-15) showed no aberration. The original utilization review (9-11-15) denied a request for a retrospective urine toxicology screen x1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine toxicology screen x1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, indicators for addiction, Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain Section: Urine Drug Testing.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the measures to screen for substance abuse in patients receiving chronic opioids. In general, these guidelines recommend screening for patients who show evidence of aberrant behavior to include tolerance, dependence and/or addiction. In this case, there is no evidence of such behavior in the medical records. The Official Disability Guidelines provide further comment on this issue. In the absence of red flags for aberrant behavior, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. More specifically, urine drug testing is recommended at the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. In this case, the records indicate that urine drug testing on 8/17/2015 was performed at the onset of treatment. This was an appropriate action and consistent with the ODG recommendations. For this reason, the urine drug test on 8/17/2015 was medically indicated.