

<b>Case Number:</b>	CM15-0186374		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/07/1997
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 73 year old female, who sustained an industrial injury on 8-7-97. The injured worker is being treated for bilateral knee chondromalacia patella, right hip greater trochanteric bursitis, left knee posterior horn medial meniscal tear, status post bilateral total knee arthroplasty and strain-sprain of cervical spine and lumbar spine. Urine drug screen performed on 11-19-14 revealed was consistent with medications prescribed. Treatment to date has included oral medications including Norco 7.5-325mg and Robaxin 750mg (she is noting functional improvement and improvement in pain with current medication regimen), bilateral total knee arthroplasty and activity modifications. On 8-28-15, the injured worker complains of neck, low back and bilateral knee pain which flared up after vacuuming, but pain medication is helpful; she rates the pain 2 out of 10 with medications and 10 out of 10 without medications. She is currently not working. Physical exam performed on 8-28-15 revealed tenderness in the midline of cervical spine with tenderness in the bilateral para-cervical and left trapezius musculature with moderate spasms and restricted cervical range of motion and tenderness in the midline lumbar spine and bilateral low back with mild to moderate muscle spasms noted in the bilateral para lumbar muscles and restricted range of motion of lumbar spine. The treatment plan included prescription for Norco 10-325mg #60, continuation of Robaxin, follow up appointment and request for authorization for urine drug screen. On 8-28-15 a request for Urine drug screen was non-certified by utilization review.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 07/15/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening." ODG further clarifies frequency of urine drug screening: "Low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. "Moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. "High risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. Last UDS was requested 3/15 and 11/14. As such, the current request for Urine drug screen is not medically necessary.