

<b>Case Number:</b>	CM15-0189399		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/24/1999
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Pennsylvania

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 75 year old female, who sustained an industrial injury on 5-24-99. Medical records indicate that the injured worker is undergoing treatment for osteoarthritis of the knees and pain in the joint of the knee. The injured worker was noted to be retired. On (8-10-15) the injured worker complained of bilateral knee pain rated 3 out of 10 on the visual analogue scale. The injured worker noted that she was doing better and had mild knee pain. Examination of the knees revealed pain, stiffness and mild swelling. Range of motion was limited. Treatment and evaluation to date has included medications, x-rays of the knees, urine drug screen ice-heat applications and an intra-articular cortisone injection. Current treatment request is for a urine toxicology screen. The Utilization Review documentation dated 8-27-15 non-certified the request for a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**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): Drug testing, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** The physician's progress notes for date of visit 8/10/15 and 4/6/15 state "I am also requesting authorization for the patient to be administered a urine toxicology screening to check for efficacy of medications." It is also stated in the 8/10/15 note that she was prescribed Voltaren to alleviate pain and discomfort. There is no indication from the records available to this reviewer that a narcotic was prescribed. A urine drug screen was collected on 6/29/15 and no drugs were detected. According to the MTUS, urine drug screening is recommended as an option in chronic pain management to assess for the use or the presence of illegal drugs. Specifically, urine drug screening should be considered to assess for the use or the presence of illegal drugs before initiating opioid treatment. During treatment, drug screening is indicated with issues of abuse, addiction or poor pain control. In this case, the request for the urine drug screen was to check for efficacy of medications. However, a urine drug screen would not determine whether or not any particular drug was efficacious. There was also no indication that this worker was taking an opioid, in which case urine drug screening may be appropriate if there were issues of abuse, addiction, or poor pain control. Therefore, the request is not medically necessary.