

<b>Case Number:</b>	CM15-0213091		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	05/31/2014
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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, North Carolina  
 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 49 year old, female who sustained a work related injury on 5-31-14. A review of the medical records shows she is being treated for right wrist, lumbar spine and right knee pain. In the progress notes dated 8-11-15 and 9-22-15, the injured worker reports taking Norco for pain, 2 tablets a day. On exam dated 9-22-15, there is no discussion with the injured worker about the results of this last urine drug screen. A urine toxicology screen was done on 8-17-15 and was positive for Hydrocodone which she is taking. He states why the urine drug screen should be done. There are no documented signs of abuse or misuse of the Norco. Treatments have included medications. Current medications include Norco and Ambien. She is not working. The treatment plan includes requests for a follow-up with hand surgeon, for right knee surgery with pre and postoperative associated services and for a urine drug screen at next visit. The Request for Authorization dated 10-6-15 has requests for a follow-up with hand surgeon, for a urine toxicology screen at next visit and for medications for Norco and Ambien. In the Utilization Review dated 10-12-15, the requested treatment of a urine toxicology screen at next office visit is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen @ next office visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain. Criteria for use of urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** The claimant is a 49 year-old female with date of injury of 5/31/2014 who complains of chronic right wrist, right knee and lumbosacral pain. the request is for a urine toxicology. CA MTUS Guidelines supports urine drug testing (UDS) when prescribing opioids. This patient is taking chronic Norco. In this case, no opioid risk assessment has been submitted. Therefore the frequency of drug testing cannot be properly recommended. If low risk a baseline test is recommended within six months of initiation of opioids, then a repeat UDS on a yearly basis thereafter. This patient had a recent (8/17/2015) UDS which was consistent. There is no evidence in the medical record of illegal drug use or inappropriate medication use. Therefore the request is not medically necessary or appropriate.