

<b>Case Number:</b>	CM15-0219575		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 53-year-old male with an industrial injury dated 06-29-2004. A review of the medical records indicates that the injured worker is undergoing treatment for tear medial meniscus knee, knee pain, joint pain leg, and lower leg osteoarthritis. According to the progress note dated 08-04-2015, the injured worker reported continuous right knee pain. Documentation noted that the injured worker is stable on current medication dosage. The injured worker is able to accomplish all activities of daily living. The injured worker denies side effects and does not exhibit any aberrant behavior. Pain level was 8 out of 10 on a visual analog scale (VAS). Current Medications include Prilosec, Testosterone Cypionate, Anaprox, and Norco. Objective findings (08-04-2015) revealed slightly antalgic gait, mild weakness, mild swelling, marked effusion, pain, tenderness and decreased right knee range of motion. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Urine drug testing report dated 05-13-2015 was positive for Amphetamines and Opiate. Urine drug screen performed on 08-04-2015 was not consistent for Hydromorphone. The utilization review dated 10-06-2015, non-certified the request for retrospective outpatient urine drug screen, DOS: 8-4-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective outpatient urine drug screen, DOS: 8/4/15: 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): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

**Decision rationale:** The 53-year-old patient complains of right knee pain, rated at 8/10 with medications and 10/10 without medications, as per progress report dated 09/30/15. The request is for RETROSPECTIVE OUTPATIENT URINE DRUG SCREEN, DOS: 8/4/15. There is no RFA for this case, and the patient's date of injury is 06/29/04. Diagnoses, as per progress report dated 09/30/15, included knee pain and osteoarthritis. The patient is taking Norco for pain relief. The patient is on regular duty, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, CRITERIA FOR USE OF OPIOIDS Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "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. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient is taking Norco, an opioid, for pain relief. The current request is for urine toxicology screening that was performed during the 08/04/15 visit. As per the 07/08/15 progress report, the patient's urine drug screen, dated 05/13/15, was positive for methamphetamine, although the patient denied using it. The patient was, therefore, administered another urine drug screen during the 07/08/15 visit. The results of this screen were positive for opiates but negative for amphetamine. The treater, however, does not explain the purpose of administering another UDS during the 08/04/15 visit. MTUS does not support such frequent testing unless there is specific documentation of "high risk" of addiction or aberrant behavior. Given the lack of relevant documentation, the request IS NOT medically necessary.