

<b>Case Number:</b>	CM15-0038408		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 female, who sustained an industrial injury on 05/24/2010. On provider visit dated 12/22/2014 the injured worker has reported pain status post right total knee arthroplasty on 12/09/2014. On examination she was noted to have tenderness with limited range of motion and limping. The diagnoses have included pain in joint shoulder and osteoarthritis. Treatment to date has included medication and x-rays. Treatment plan included urine toxicology screening, Norco, Ibuprofen and home physical therapy. On 01/29/2015 Utilization Review non-certified Urine toxicology screening. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen, opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Online Disability Guidelines) Chronic Pain Urine Drug Testing (UDT) in patient-centered clinical situations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. 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. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured workers working diagnoses are osteoarthritis unspecified; and pain in joints lower leg. The documentation from a January 19, 2015 progress note shows the treating physician requested a urine drug screen (one of many) to check drug efficacy. Urine drug toxicology screens do not check drug efficacy. A urine drug screen is recommended as a tool to monitor compliance, identify undisclosed substances and uncover diversion of prescribed substances. There is no documentation in the record of aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with an appropriate clinical education, a urine drug screen is not medically necessary.