

<b>Case Number:</b>	CM15-0055998		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/17/2006
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: 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 64-year-old male, who sustained an industrial injury on 6/17/06. He has reported back, hip and knee pain. The diagnoses have included cervical spine pain, right shoulder pain, chronic right knee pain, and osteoarthritis. Treatment to date has included medications, acupuncture, and Home Exercise Program (HEP). The current medications included Norco and Prilosec. Currently, as per the physician progress note dated 3/4/15, the injured worker complains of persistent pain, which has been unchanged. The pain in the back, hip and knee was rated 3-4/10 on pain scale with pain medications. He states that the medications allow him to be functional despite the pain. He has been recovering from cardiac surgery and tolerating the current medications. The objective findings revealed no significant change. The urine drug screen dated 12/10/14 was negative for opiates, as he was not taking any narcotic medications in light of his recent cardiac surgery. The physician requested treatment includes a Retrospective request for 1 urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The primary treating physician's progress report dated 3/4/15 documented that current medications included Norco 10/325 mg. The patient was dispensed Norco 10/325 mg #360. Norco contains the opioid Hydrocodone. MTUS guidelines support the use of urine drug screen for patients prescribed opioids. Therefore, the request for urine drug screen is medically necessary.