

<b>Case Number:</b>	CM15-0082393		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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, 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 58 year old male, who sustained an industrial injury on February 28, 2013. He reported neck pain, right sided back pain, low back pain, bilateral knee pain, right wrist pain and diffuse entire body pain. The injured worker was diagnosed as having head contusion with possible concussive syndrome, lumbar strain injury, left knee internal derangement, neck strain, right knee internal derangement and status post bilateral knee surgeries. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the bilateral knees, conservative care, medications and work restrictions. Currently, the injured worker complains of neck pain, right sided back pain, low back pain, bilateral knee pain, right wrist pain and diffuse entire body pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 15, 2015, revealed continued pain as noted. He required pain medications to remain functional. A retrospective request for a urinary drug screen was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen (full panel) DOS: 02/26/15 qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing (full panel date of service February 26, 2015) 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. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are head contusion with possible postconcussion syndrome; lumbar strain injury; left knee ID; neck strain; right knee ID; and status post right knee surgery June 20, 2013. The documentation, according to a February 26, 2015 progress note, states the injured worker is using topical analgesics, notably Menthoderm. There are no opiates or controlled substances documented in the medical record. In the subjective section, the requesting physician states he has "requested a mandatory urine drug screen be done prior to providing these medications so as to minimize the potential for abuse and diversion of controlled substances." There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There are no prior inconsistent urine drug screens. There are no current medications listed other than topical analgesic. Consequently, absent clinical documentation with an appropriate clinical indication and rationale, aberrant drug-related behavior, drug misuse or abuse, retrospective urine drug testing (full panel date of service February 26, 2015) is not medically necessary.