

<b>Case Number:</b>	CM14-0121837		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a female who was injured on 10/20/08 and was noted to have bilateral knee pain and lumbar pain on 6/25/14 by her PCP. She was noted to have been treated with Tylenol, Motrin, physical therapy, acupuncture, home exercises, cortisone shot and supartz injections to her knees. However, she still had 7/10 pain to her bilateral knees and 7-9/10 pain in her back. Her PCP felt it necessary to add Ultram to her regimen for pain control. We see that her PCP spoke to her about the use of opioids and counseled about addiction, side effects, and office protocol for safe prescribing. He also requested urine for drug screening. However, the UR refused to grant this.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen DOS: 06/13/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pain medicine Page(s): 43, 76, 77.

**Decision rationale:** The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs. It also states that prior to the use of opioid pain

medication that urine drug screening is an option to screen for the presence of illegal drugs. In our patient we note that the M.D. is following a cautious approach to the use of opioids and is trying to assure she does not become addicted or misuse her medicine. As part of the approach he wanted to screen for illegal drugs with a urine test. This is noted to be an option by the above reference when starting a regimen of treatment and also as assurance that the patient is not abusing drugs. It is an entirely appropriate request and the UR decision is reversed. The computer program is not allowing me to enter my references or attest to necessity of this test. The references are the chronic pain section of the MTUS pages 43, 76, and 77 and as stated I am reversing the prior UR decision.