

<b>Case Number:</b>	CM15-0012897		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	04/04/2002
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 42 year old male sustained a work related injury on 04/04/2002. According to a progress report dated 12/18/2014, the injured worker complaint of knee pain radiating to bilateral lower extremities. There were no new complaints. Current medications included Norco and Advil. Diagnoses included knee/lower leg pain, long-term (current) use of other medications, degenerative joint disease and osteoarthritis. Prior treatments included steroidal injections, Synvisc injections and surgery. A urine drug screening report dated 09/04/2014 and 12/18/2014 was submitted for review. Plan of care included Norco, Naproxen, referral to orthopedic surgeon, and referral for Synvisc injection in bilateral knees. On 01/12/2015, Utilization Review non-certified urine drug screen quantity 1. According to a Utilization Review physician, there was no statement of risk factors such as failed prior testing, or aberrant behaviors that would support testing on an every two month basis. The frequency of this testing is beyond the recommended guidelines. Guidelines referenced included CA MTUS Chronic Pain Medical Treatment Guidelines, page 43, CA MTUS ACOEM Practice Guidelines Chapter 6 Chronic Pain and Official Disability Guidelines, Pain Chapter. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ACOEM chapter 6, Chronic pain; Official Disability Guidelines (ODG), Pain chapter, Urine drug testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 43, 77, 78.

**Decision rationale:** This injured worker has a history of chronic pain since 2002. The worker has had various treatment modalities and use of medications including opioids. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, prior drug screening has been completed and the records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of a urine drug screen is not substantiated in the records.