

<b>Case Number:</b>	CM15-0114325		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Ohio, North Carolina, Virginia  
Certification(s)/Specialty: Family Practice

### 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 65 year old female, who sustained an industrial injury on 6/17/09. The diagnoses have included left knee patella fracture with open reduction internal fixation (ORIF) on 6/17/09, status post left knee total arthroplasty on 8/24/13, status post left knee hardware removal 10/17/09 status post total knee replacement on 8/24/13, right shoulder impingement, epicondylitis right elbow, carpal tunnel syndrome right hand, lumbar disc herniation with radiculopathy, anxiety and depression. Treatment to date has included medications, activity modifications, diagnostics, labs, surgery and physical therapy. Currently, as per the physician progress note dated 4/15/15, the injured worker complains of pain in the low back with radicular symptoms into the right and left leg. She states that the symptoms are aggravated with activity. The objective findings reveal decreased lumbar spine range of motion with flexion of 50 degrees, extension 20 degrees, lateral bending to the right 20 degrees, left 20 degrees, and positive straight leg raise on the right at 25 degrees and left 75 degrees, and there is tightness and spasm in the lumbar paraspinal muscles bilaterally. The current medications included Norco and Prilosec. The urine drug screen dated 4/26/15 was inconsistent with the medication prescribed. The physician requested treatment included Retrospective (DOS: 4.26.15) urine drug test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 4.26.15) urine drug test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain (Chronic) chapter, Urine drug testing section.

**Decision rationale:** Urine drug testing is indicated at the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. (4) If aberrant behavior or misuse is suspected and/or detected. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this instance, the indications from the medical record are that the injured worker is at low risk for addiction/aberrant behavior. She has no psychiatric illnesses listed. A urine drug screen from 2-11-2015 had results consistent with the prescribed hydrocodone. A repeat urine drug screen, therefore, on 4-26-2015 is not medically appropriate or necessary.