

<b>Case Number:</b>	CM15-0122876		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 39 year old female, who sustained an industrial injury on 12/06/2012. She reported a trip and fall injuring the right knee, low back and twisting the left ankle. Diagnoses include lumbar strain, internal derangement of the knee with chondromalacia, status post arthroscopy with residual weakness, status post bimalleolar right ankle fracture. Treatments to date include anti-inflammatory, NSAID, narcotic, chiropractic therapy, and physical therapy. Currently, she complained of low back pain and right knee pain. On 5/19/15, the physical examination documented tenderness and muscle spasms in lumbar spine, positive straight leg raise test and a positive Kemps test. The right knee was significant for a positive McMurray's test and crepitus. The plan of care included a urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT).

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screening 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 lumbar facet syndrome; bilateral sacroiliac joint sprain strain; status post right knee arthroscopy; left ankle sprain strain; and left internal derangement. The date of injury is December 6, 2012. The request for authorization is dated June 9, 2015. The medical record shows a urine drug toxicology screen was consistent for tramadol (the prescribed medication) on May 19, 2015. According to the May 19, 2015 progress note, subjectively the injured worker has low back pain is 10/10. Objectively, the injured worker has antalgic gait to the left. There is tenderness palpation and guarding over the lumbar paraspinal muscle groups. There is moderate facet tenderness from L1 to S1. The treatment plan states the patient is to have a urine drug toxicology screen as a random drug screen to establish a baseline and ensure compliance. The injured worker had a urine drug toxicology screen certified on May 18, 2015 (one day prior) and resulted on May 19, 2015. There is no clinical indication for a repeat urine drug screen. There is no clinical rationale in the medical record for a repeat urine drug screen. There is no risk assessment. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with a clinical indication and rationale for repeating a urine drug toxicology screen, aberrant drug-related behavior, drug misuse and abuse, urine toxicology screening is not medically necessary.