

<b>Case Number:</b>	CM15-0127104		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	02/06/1993
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, North Carolina  
 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 an 88 year old female, who sustained an industrial injury on 2/6/93. Initial complaints were not reviewed. The injured worker was diagnosed as having thoracic/lumbosacral neuritis or radiculitis, unspecified; pain in joint lower leg; other orthopedic aftercare; other tear of cartilage or meniscus of knee; unspecified arthropathy lower leg; sprains/strains of other ; unspecified parts of back; degeneration of cervical intervertebral disc; lumbago; degeneration of lumbar or lumbosacral intervertebral disc; other unspecified back disorder; sprains/strains of wrist/hand; lumbar sprain/strain; displacement of intervertebral disc site unspecified without myelopathy; other closed fractures distal radius; pain in joint hand; primarily localized osteoarthritis lower leg/bilaterally. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6/22/15 indicated the injured worker complains of neck, bilateral wrists, low back and bilateral knee pain with left greater than right. She is currently taking Norco 1 tablet for exacerbations as needed. This is not regular or daily use. Although prescribed Tramadol, the provider notes she has not taken it for several months. The provider reports she is getting significant pain relief in her right knee with samples of Pensaid that has improved her gait and activity level. She rates her pain as 8/10 with the use of current medication. Without the pain medications, she reports her pain level would be at 10/10. Physical examination notes by this provider indicate tender lower lumbar spine and she ambulates with a walker with brakes and seat. She has an antalgic gait favoring the right knee. She is tender about the right knee especially over the joint line with a 2+ crepitus. There is soft

tissue thickening about the right knee. He notes she has signed an opioid agreement. The provider is requesting authorization of Urine drug screen for medication (Norco) compliance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine drug screen for medication (Norco) compliance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** The claimant is an 88 year-old woman whose date of injury was in 1993. The request is for a urine drug screen (UDS). There is no information provided regarding the last UDS or the results. There is no rationale as to why ongoing opioid treatment is required. The Norco is being used on a PRN basis, not a regular of daily usage. The patient has not been stratified as a low, moderate or high risk patient in regards to opioid usage. If the patient is only at low risk, as is likely, only an annual UDS is recommended. Therefore the request is deemed not medically necessary.