

<b>Case Number:</b>	CM15-0178339		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Arizona, California  
 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 67-year-old female who sustained an industrial injury on 07-19-2010. According to a progress report dated 06-10-2015, the injured worker presented with complaints of bilateral knee pain. She reported that symptoms had worsened. She continued with physical therapy with minimal relief. She did report that she had increased her walking, causing increased pain in her back. She continued to treat with a heart specialist. She was diagnosed with congestive heart failure. She was currently not working. Symptoms included bilateral knee pain, neck pain radiating to her lower extremities, cramping in her bilateral hands and into her bilateral lower extremities, intermittent flare-ups of sharp intense pain on the lateral and posterior aspect of the bilateral knees greater on the left and swollen bilateral lower extremities. She reported that she was unable to walk due to the pain and cramping in her bilateral knees. She presented to the exam using a walker. Pain was rated 8 on a scale of 1-10. She also reported muscle spasm in the neck and back, numbness and tingling in both hands and numbness in the fingertips. Pain would shoot down to the left arm. Treatment to date has included physical therapy for the neck, massage therapy for the shoulders and back, chiropractic therapy, acupuncture therapy, heat packs, ice packs, TENS unit and cortisone injections. Medications included Oxycodone, Valium and Norflex. She reported that medications greatly reduced her pain and increased her function and sleep. Assessment included cervical radiculitis, lumbar myofascial strain, cervical myofascial strain, cervical facet arthropathy, cervical stenosis, bilateral degenerative joint disease, cervical herniated nucleus pulposus, bilateral chondromalacia patella and left knee meniscal tear. The treatment plan included Orphenadrine,

Eszopiclone, Oxycodone, Senna, left medial branch block, continuation of physical therapy, urine drug screen, awaiting bilateral knee Orthovisc injection series, ice, range of motion, home exercise for the cervical spine and bilateral knees. The provider noted that the injured worker would discuss with her hematologist regarding her thrombocytopenia. CURES report from 05-06-2015 was consistent. Urinalysis report from 02-11-2015 was consistent. There were no signs of misuse, abuse, divergence or addiction with the medications prescribed. Urine drug screen reports were not submitted for review. An authorization request dated 06-10-2015 was submitted for review. The requested services included a left medial branch block, Orphenadrine, Eszopiclone, Oxycodone, Senna, urine drug screen; follow up in 4 weeks, and continuation of physical therapy. On 08-14-2015, Utilization Review non-certified the request for Retrospective request for a urine drug screen date of service 06-10-2015.

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

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

#### **Retrospective request for Urine Drug Screen DOS 06/10/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Prior urine screens for the claimant were noted to be "consistent." Based on the above references and clinical history, a urine toxicology screen on 6/10/15 was not medically necessary.