

<b>Case Number:</b>	CM15-0028030		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	07/31/2002
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Tennessee  
 Certification(s)/Specialty: Emergency 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 67 year old male, who sustained an industrial injury on 7/31/2002. He reports cumulative trauma to the left shoulder, left knee and ear. Diagnoses include cervical spine spondylosis, bilateral upper extremity radiculitis, bilateral shoulder subacromial impingement, lumbar degenerative disc disease and spondylosis facet arthropathy, left hip pain and left knee pain. Treatments to date include physical therapy, acupuncture, chiropractic care, left knee arthroscopic surgery and medication management. A progress note from the treating provider dated 1/16/2015 indicates the injured worker reported left and right shoulder pain, low back pain and left knee pain. On 1/30/2015, Utilization Review non-certified the request for urine drug screen 4 time a year, citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screening 4 times a year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 67-70. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, urine drug testing.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case there is no documentation that the patient has exhibited addiction/aberrant behavior. Urine drug testing is indicated annually. The request should not be authorized.