

<b>Case Number:</b>	CM15-0041763		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old female, who sustained an industrial injury on 11/05/2013. She reported spraining her left ankle, left wrist, left shoulder, and right knee after a fall. The injured worker is currently diagnosed as having chronic right knee pain, chronic left ankle pain, and left shoulder tendinitis/sprain. Treatment and diagnostics to date has included right knee MRI, left ankle MRI, Cam Walker, physical therapy, acupuncture, and medications. In a progress note dated 01/14/2015, the injured worker presented with complaints of left shoulder, right knee, and right ankle/heel pain. According to the application, Independent Medical Review is being requested for a drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain; Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient was injured on 11/05/13 and presents with pain in her right ankle, left shoulder, and right knee. The request is for a URINE DRUG SCREEN. There is no RFA provided and the patient is on modified work duty with no squatting/lunging, avoidance of stair climbing, limited from no lifting greater than 10 lbs, and restricted from prolonged standing/walking with allowance to alternate between sitting and standing as needed. Review of the reports provided does not indicate if the patient had any prior urine drug screens. The report with the request is not provided. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. As of 01/14/15, the patient is taking Arnica, Levothyroxine, Red Yeast Rice, and Vitamin D3. There are no opioids listed and the reason for the request is not provided. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at 'high risk' for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. Therefore, the requested urine drug screen IS NOT medically necessary.