

<b>Case Number:</b>	CM15-0064850		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 65 year old male, who sustained an industrial injury on 3/4/05. The injured worker has complaints of right knee pain. The diagnoses have included right knee tricompartmental osteoarthritis; lumbar spine sprain, status post fusion with residuals; status post left hip replacement and right hip pain. Treatment to date has included norco; kera-tex analgesic gel for transdermal pain control; therapy; activity restrictions and home exercises. The injured worker was scheduled for right surgery 4/17/15. The request was for one urine toxicology screen as part of a pain-treatment agreement during opioid therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction); Substance abuse (tolerance, dependence, addiction).

**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 drug testing 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 workers working diagnoses are right knee tricompartmental osteoarthritis; lumbar spine sprain, status post fusion with residuals; status post left hip replacement; and right hip pain. Subjectively, according to February 16, 2015 progress notes, the injured worker's VAS pain scale remains elevated at 8/10 with persistent pain in the right knee. Objectively, there was tenderness palpation with crepitus on range of motion. Flexion and extension were full and there was no neurologic deficit. The documentation in the medical record indicates for prior utilization reviews denied Norco renewals. There was no documentation in the medical record of any aberrant drug-related behavior, drug misuse or abuse. The treating physician, pursuant to a February 16, 2015 progress note, prescribed Norco 10/325 mg #90 despite the prior denials. There was no documentation of objective functional improvement in the medical record with ongoing Norco 10/325 mg. Consequently, absent clinical documentation with objective functional improvement, persistently elevated VAS pain scales and aberrant drug-related behavior or drug misuse or abuse, a urine drug toxicology screen is not medically necessary.