

<b>Case Number:</b>	CM15-0079994		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	04/23/1996
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 47 year old female who sustained an industrial injury on April 23, 1996. Previous treatment includes epidural steroid injection, medial branch block, physical therapy and medications. Currently the injured worker complains of low back pain, right knee pain and migraine headaches. Diagnoses associated with the request include lumbar radiculopathy, lumbar spondylosis, degenerative joint disease, migraine headaches, and knee osteoarthritis. The treatment plan includes Ambien, Percocet, Propranolol, baclofen and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids-urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** The patient is a 47 year old female with an injury on 04/23/1996. She has back pain and knee pain. There is no documentation of drug abuse or misuse. There is no documentation of abnormal drug seeking behavior. Routine urine drug testing is not medically necessary and is not consistent with ODG. "Relatively weak evidence supports the effectiveness of opioid treatment agreements and urine drug testing in reducing opioid misuse by patients with chronic pain." Starrels JL, et al. Systemic Review: Treatment Agreements and Urine Drug Testing to Reduce Opioid Misuse in Patients with Chronic Pain. Ann Intern Med 2010; 152: 712- 720. The above request is not medically necessary.