

<b>Case Number:</b>	CM13-0003624		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old female who has submitted a claim for torn right medial meniscus, torn right lateral meniscus, and chondromalacia, right knee, status post arthroscopy (06/28/2013); associated from an industrial injury date of 03/20/2006. The medical records from 06/23/2010 to 06/28/2013 were reviewed and showed that patient complained of right knee pain over the medial and lateral aspects. Physical examination showed tenderness over the medial and lateral joint lines. There was full range of motion. Anterior drawer sign, pivot shift test, and Lachman test were all negative. The treatment to date has included Naproxen, Ambien, Soma, Omeprazole, and right knee arthroscopy, partial lateral meniscectomy, chondroplasty of the lateral tibial plateau, and chondroplasty of the patella and partial synovectomy of the patellofemoral joint (06/28/2013). The utilization review, dated, 07/08/2013, denied the retrospective request for one urinalysis drug screening because the patient had urine drug screening performed at least four times in the past year, and there is no indication that she had red flags for abuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR ONE URINALYSIS DRUG SCREENING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring

**Decision rationale:** As stated on page 94 of California MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. Urine drug tests have been performed on 01/17/2013, 03/15/2013, and 06/25/2013, which exceed the recommended amount of urine drug tests given that the patient is low risk for drug abuse; results were likewise consistent with the prescribed medications. Moreover, the present request as submitted does not specify the date of service in question. Therefore, the retrospective request for one urinalysis drug screening is not medically necessary.