

<b>Case Number:</b>	CM14-0151561		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Occupational Medicine, 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 injured worker is a male with date of injury 8/28/1998. Per primary treating physician's progress report dated 8/4/2014, the injured worker is still having problems with his right knee. He is still using a cane and knee brace. He finished twelve sessions of therapy. He is going through the pain medications and states that he is still having a significant amount of pain. On examination of the right knee there are healed arthroscopic portals. There is no significant joint effusion. Soft tissue swelling is evident. He has crepitus with range of motion of the knee and pain with compression of the patellofemoral joint. There is tenderness both medially and laterally. There are no significant masses noted in the popliteal fossa. Range of motion is from zero to 125 degrees. Diagnoses include 1) status post right knee arthroscopy x2 2) narcotic tolerance 3) chondromalacia of the right patellofemoral joint 4) degenerative joint disease of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen (UDS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker has had requests for opioid pain medications not approved by workers' compensation, and is now not being prescribed opioid pain medications. It does not appear he is being prescribed any habit forming medications currently that may have a high potential for abuse. Medical necessity for this request has not been established. The request is not determined medically necessary.