

<b>Case Number:</b>	CM14-0176642		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine 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 34 year old female with an injury date of 04/15/13. Based on the 08/26/14 progress report provided by [REDACTED], the patient complains of right knee pain rated 7/10. She is status post right knee arthroscopy 06/16/14. Physical examination of the right knee revealed a well healed incision, tenderness to palpation to medial and lateral jointline. Negative Homan's sign bilaterally. The medications help her improve her activity level, she is able to walk longer and perform daily activities with less pain. She has tried Flexeril and Zanaflex. The patient's current medications include Alprazolam, Metoprolol Tartrate, Trazodone, Nitroglycerin, Naproxen, Soma and Percocet. 2 toxicology reports dated 07/01/14 and 05/22/14 were provided, which showed consistent results. The patient is temporarily totally disabled. She is continuing with postoperative physical therapy. Operative Report 06/16/14- Preoperative diagnosis: chronic knee pain, probable patellofemoral- Postoperative diagnosis: right knee chondromalacia patella with lateral patellar syndrome and synovitis- Procedure: right knee arthroscopy, arthroscopic lateral retinacular release, and Marcaine/Toradol injected intra-articularly. Diagnosis 08/26/14 - knee pain- chronic pain syndrome [REDACTED] is requesting Urine Drug Screen (DOS 08/26/14). The utilization review determination being challenged is dated 09/23/14. The rationale is "no documentation that patient is taking controlled medications,..". [REDACTED] is the requesting provider and he provided treatment reports from 01/13/14 - 08/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UDS urine drug screen (DOS 8/26/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use: Steps to Tak Before a Therapeutic Trial.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter for Urine Drug Testing

**Decision rationale:** The patient presents with right knee pain rated 7/10. The request is for urine drug screen (DOS 08/26/14), She is status post right knee arthroscopy 06/16/14. The patient's diagnosis dated 08/26/14 included knee pain and chronic pain syndrome. The patient's current medications include Alprazolam, Metoprolol Tartrate, Trazodone, Nitroglycerin, Naproxen, Soma and Percocet. 2 toxicology reports dated 07/01/14 and 05/22/14 were provided, which showed consistent results. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. UR letter dated 09/23/14 states "no documentation that patient is taking controlled medications", however patient is taking Percocet. 2 toxicology reports dated 07/01/14 and 05/22/14 were provided, which showed consistent results. UDS's for proper opiates monitoring is recommended per MTUS. Given the random nature of the UDS's, two samples can occur consecutively but not three. The treater does not provide opiate risk assessment to determine how frequent UDS's should be obtained. Once a year is recommended per ODG for low risk and there is no evidence to believe that it should be done more often therefore request is not medically necessary.