

<b>Case Number:</b>	CM14-0033168		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 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:

This patient sustained an injury on 11/24/10 while employed by [REDACTED]. Request(s) under consideration include Urine drug screen. Diagnoses include ankle contusion; knee sprain; tear of the knee medial meniscus; postsurgical status; and knee replaced. The patient underwent right uni-compartmental arthroplasty. Report of 2/5/14 from the provider noted ongoing right knee and low back pain. Exam showed tenderness in the medial joint line and patella-femoral joint of the right knee; range of right knee with 0-115 degrees flexio; tenderness of right ankle anterolateral aspect with DF/PF/inversion/eversion 10/35/45/10 degrees. There is noted last UDS approved on 10/25/13. Request(s) for current Urine drug screen was non-certified on 2/17/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to avoid misuse and addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG Pain Chapter 01/07/14, Criteria for use of Urine Drug Screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** This patient sustained an injury on 11/24/10 while employed by [REDACTED] [REDACTED]. Request(s) under consideration include Urine drug screen. Diagnoses Include ankle contusion; knee sprain; tear of the knee medial meniscus; postsurgical status; and knee replaced. The patient underwent right uni-compartmental arthroplasty. Report of 2/5/14 from the provider noted ongoing right knee and low back pain. Exam showed tenderness in the medial joint line and patella-femoral joint of the right knee; range of right knee with 0-115 degrees flexion; tenderness of right ankle anterolateral aspect with DF (Dorsi Flexion)/PF (Planter Flexion) /inversion/eversion 10/35/45/10 degrees. There is noted last UDS approved on 10/25/13. Request(s) for current Urine drug screen was non-certified on 2/17/14 citing guidelines criteria and lack of medical necessity. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2010 injury. Presented medical reports from the provider have unchanged chronic pain symptoms with unchanged clinical findings without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS (Urine Drug Screen). Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS (Urine Drug Screen) and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary and appropriate.