

<b>Case Number:</b>	CM14-0047938		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 is a 28-year-old male with a date of injury of 7/15/11. The mechanism of injury occurred when he was struck by a pallet, injuring his right knee. On 4/15/14, he complained of right knee pain with walking, standing and any type of weight bearing activity. On exam he walks with a normal gait. There is tenderness to palpation of the patellofemoral region. The diagnostic impression is right knee arthroscopy with debridement. Treatment to date: surgery, medication management. A UR decision dated 4/7/14 denied the request for a urine drug screen because there is no indication in the presented documentation of what medications the patient is taking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Specialist Consultations Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43,78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a Urine Analysis is recommended as an option to assess for the use or the presence of illegal drugs, to

assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, it is unclear why a urine drug screen is necessary at this time. The only notes included for review were the UR notes, and a progress report dated 4/15/14, which noted that the patient is on Naproxen 500mg. The patient is not noted to be on any Opiates or exhibiting any high- risk behavior. Therefore, the request for an Outpatient Urine Drug Screen is not medically necessary.