

<b>Case Number:</b>	CM14-0055491		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 67 year old male with complaints of bilateral knee pain. The date of injury is 6/8/10 and the mechanism of injury is repetitive motion/position injury involving kneeling, stooping, crawling, squatting, climbing while working on aircraft. At the time of request for urine toxicology screen, there is subjective (knee pain) and objective (peri-patellar swelling bilateral knees, tenderness and crepitation of bilateral patellofemoral joints, tenderness bilateral medial and lateral knee joint margins) findings. The imaging findings included an MRI of the right and left knee which shows tricompartmental osteoarthritis, complete maceration of the medial meniscus. The patient's diagnoses included cumulative trauma related to repetitive motion, right knee chondromalacia patella, right knee internal derangement, left knee chondromalacia patella, left knee internal derangement. The treatment to date includes injections, medications, ice, and rest. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Part of criteria suggested by Official Disability Guidelines (ODG), is to initiate drug testing prior to prescribing opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing.

**Decision rationale:** Per the ODG Treatment Decisions, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Part of criteria suggested by ODG is to initiate drug testing prior to prescribing opioids. In review of the progress notes, there is no mention of any opioid pain medications being prescribed either currently or for future treatment. Therefore, the request for urine toxicology screen is not medically necessary.