

<b>Case Number:</b>	CM14-0079045		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Internal Medicine has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 57-year-old gentleman with a date of injury of 01/14/2009. The submitted and reviewed documentation did not identify the mechanism of injury. Records conclude that the worker was suffering from high blood pressure, kidney failure, and a liver condition. [REDACTED] note reported the worker was experiencing stable knee pain with clicking in the front of both knees and swelling in both legs despite the use of ice and elevation. Pain intensity was recorded as six to seven on a ten-point scale without medications and as two on a ten-point scale with medications. The medications also improved function in general and at work. The documented examination described knee joint tenderness that was worse on the right than on the left, knee crepitus with movement that was worse on the left than on the right, swelling in both legs, decreased feeling in both knees, and a problem with kneecap movement that was worse on the left than on the right side. The documentation concluded the worker was suffering from prior knee replacements and high blood pressure. The treatment plan included checking X-rays, refilling the pain medications, ice to the knees, increased exercise, follow up in four to six weeks, and checking urinary drug screen testing. A Utilization Review decision by [REDACTED] was rendered on 05/20/2014, recommending non-certification for the review of urinary drug screen testing results and the preparation of a report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Review Urine Drug Screen results and prepare findings report:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Evidence citations for report review. Decision based on Non-MTUS Citation Utilization Review and Independent Medical Review Regulations Title 8, California Code of Regulations Chapter 4.5 Division of Worker's Compensation Subchapter 1 Administrative Director- Administrative Rules.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 76-80; Opioids, Steps to Avoid Misuse/Addiction, page(s) 94-95 Page(s): 76-80; 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screen testing as one of several important steps to avoid misuse of these medications and/or addiction. A visit note by [REDACTED] dated 05/01/2014 indicated urinary drug screen testing was needed to confirm the worker was taking the prescribed controlled medication. There was no documentation of a history of abuse, addiction, poor pain control, or issues that required extensive assessment. For this reason, the current request for review of urinary drug screen testing results and the preparation of a report is not medically necessary.