

<b>Case Number:</b>	CM14-0081423		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and is licensed to practice in Maryland. 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 employee was a 28 year old male who sustained an industrial injury on 08/19/2013 when he stepped on pine needles and twisted his knee. His complaints were right knee pain. MRI of right knee on 11/21/13 showed slight irregularity of the posterior inferior margin of the medial meniscus in which a tear could not be excluded. The diagnoses included right knee sprain/strain, MRI findings of osteochondral defect at the lateral femoral condyle and mechanical low back pain. The medication from 12/18/13 included Prilosec, Norco, Naproxen, Fexmid and Xanax. The clinical note from 04/23/14 was reviewed. Subjective symptoms included pain in the right knee aggravated with kneeling and squatting. Pertinent objective examination included knee range of motion from 5 degrees to 120 degrees and positive McMurray's test. Diagnoses included internal derangement of knee, low back pain, sprain of knee and leg and sprain/strain of right knee/leg. The plan of care was for Norco, Ultram, Anaprox, Prilosec, Physical therapy and comprehensive drug panel with quantitative chromatography. Prior urine drug panel from 12/18/13, 01/29/14 and 03/12/14 was positive for Tramadol. The request was for quantitative chromatography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography, quantitative:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation ACOEM 3rd edition, Low back, Opioids

**Decision rationale:** The MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done. The ACOEM guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as "for cause" like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. In this case, the provider has not discussed or described the results of the urine drug tests that were done during the previous visits. There is no documentation about the need for monthly drug testing. There is also no documentation as to why the results are not consistent with current prescription of Norco. Performing further urine drug testing without clearly ascertaining the result and making further plans doesn't meet guideline criteria. The request for quantitative chromatography for urine drug testing is not medically necessary and appropriate.