

<b>Case Number:</b>	CM14-0198785		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 HPM 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 67-year-old gentleman with a date of injury of 12/26/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/11/2014 and 10/27/2014 indicated the worker was experiencing knee pain and knee collapse. The note dated 09/11/2014 reported these symptoms on the left and the note dated 10/27/2014 reported these symptoms on the right. The examination documented on 09/11/2014 described mild left knee tenderness, stiffness, and locking with decreased joint motion. The examination documented on 10/27/2014 described positive right knee apprehension testing. The submitted and reviewed documentation concluded the worker was suffering from left knee internal derangement and pain and severe right patellofemoral misalignment. Treatment recommendations included oral pain medications that were not described, right knee surgery, and urinary drug screen testing. A Utilization Review decision was rendered on 11/17/2014 recommending non-certification for urine toxicology screening.

### 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 Criteria for Use of Opioids Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and steps to Avoid Misuse/Addiction 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 screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing knee pain and instability. The worker's pain management medication regimen was not described. There was no discussion detailing the active use of restricted medications, the results of prior urinary drug screen testing, or an individualized risk assessment. In the absence of such evidence, the current request for urine toxicology screening is not medically necessary.