

<b>Case Number:</b>	CM14-0044231		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 61 year old male who reported an industrial injury on 8-9-2011. His diagnoses, and or impressions, were noted to include: right knee sprain-strain with osteoarthritis and internal derangement; left knee posterior horn medial meniscus tear; foot sprain-strain; and Diabetes Mellitus. No current electrodiagnostic or imaging studies were noted. The medical records stated that a left knee magnetic resonance imaging studies was done in December 2011, magnetic resonance arthrogram of the bilateral knees was done in March 2012, and electrodiagnostic studies of the bilateral lower extremities was done in Jan. & June 2012. Recent toxicology studies were noted on 7-23-2013, 9-3-2013, 11-22-2013, 12-27-2013, & 1-31-2014. His treatments were noted to include: an agreed medical evaluation on 7-8-2013; psychological evaluation and treatment; knee brace; 24 sessions of chiropractic-physical therapy modalities; medication management with toxicology studies; and rest from work. The progress notes of 1-31-2014 reported: bilateral knee pain for which he took Tramadol and Gabapentin, and that he continued to await approval for arthroscopic left knee surgery. The objective findings were noted to include: no acute distress; an abnormal heel-toe walk; and mild swelling and tenderness to the bilateral knee joints, with decreased motor strength and decreased range-of-motion, and positive Apley's compression, grinding, drawer, Lachman's and McMurray's tests. The physician's requests for treatment were noted to include a urinalysis for toxicology and compliance to medications. The Request for Authorizations, dated 1-22-2014 & 1-30-2014, were both for chromatography, quantitative urine tests. The Utilization Review of 3-27-2014 non-certified the request for 2 urine drug screenings. The Utilization Review of 3-27-2014 modified the request for urine drug screens to 1 urine drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Two (2) Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, differentiation: dependence & addiction.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence found in the notes made available for review to suggest this worker, was at an elevated risk of abuse to warrant frequent drug screening testing as was done in this case. Once yearly testing is sufficient in this case, according to the record. Therefore, this request for an additional two urine drug screenings is not medically necessary at this time.