

<b>Case Number:</b>	CM15-0132644		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 39-year-old male who sustained an industrial injury on 12/01/2005. Diagnoses include right knee injury post cartilage implantation and status post right knee scar tissue debridement; separate right ankle sprain with osteonecrosis; and flare-up of left knee pain, due to favoring the right knee. Treatment to date has included medications, left ankle surgeries, knee surgeries, tendon sheath injection, viscosupplementation, proximal tibial osteotomy, home exercise program, knee brace, pool therapy, ice and physical therapy. According to the progress notes dated 6/4/15, the IW reported swelling, pain and difficulty straightening the left knee; he was icing it. The right knee, in which cartilage was replaced, was still problematic, but without obvious numbness or tingling. He reported 40% pain relief and 40% improvement in activities with medications. Medications included Lidocaine 5% patch and Oxycodone-Acetaminophen. There were no signs of aberrant drug behavior. He was working full time. On examination, there was tenderness over the left knee medial and lateral joint lines and over the peripatellar area, with swelling. Extension was 0 degrees, flexion 90 degrees. A request was made for 5 panel urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 Panel drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addition); Urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** The patient presents with pain in the right knee. The request is for 5 PANEL DRUG SCREEN. Patient is status post right knee scope debridement, scar release, and cartilage evaluation surgery, date unspecified. Physical examination to the right knee on 07/21/14 revealed extensive keloid scar tissue over the anterior patella and tenderness to palpation at the region of the tibia proximal at the hardware site. Patient's treatments have included medication, physical therapy and home exercise program. Per 08/27/14 progress report, patient's diagnosis include right knee sprain with medial malleolus osteonecrosis secondary to edema with area scarring and tendon nerve involvement, right knee chondromalacia, separate claim, and he also has his left knee chondromalacia, he is developing left ankle tendinitis, and crepitation secondary to antalgic gait on the left ankle which is compensable consequence of the industrial injury to the right ankle, and previous left buttock compartment syndrome and left upper extremity brachial plexopathy. Patient's medication, per 11/12/14 progress report include Lidocaine Patch, Hydromorphone, and Oxycodone. Patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, patient has been prescribed Percocet/Hydrocodone from 11/27/12 and 06/04/15. There are no records of a prior UDS. ODG states that once yearly screening is sufficient for "chronic opiate use in low risk patient." The request appears to be reasonable and is within the guideline recommendations and therefore, it IS medically necessary.