

<b>Case Number:</b>	CM15-0135963		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 female, who sustained an industrial injury on 08-04-2014. She has reported injury to the right knee and low back. The diagnoses have included right knee contusion; right knee sprain; internal derangement of right knee; right knee medial meniscus tear with degenerative joint disease; osteoarthritis of bilateral knees; and bilateral wrist derangement. Treatment to date has included medications, diagnostics, ice, rest, knee brace, injection, physical therapy, and home exercise program. Medications have included Motrin, Tylenol, Relafen, Voltaren Gel, Ultram, Capsaicin topical cream, Naproxen Sodium, and Protonix. A progress note from the treating physician, dated 05-18-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continuous neck pain with pain radiating to the bilateral shoulders; the pain level varies throughout the day, but she gives a level of 8 out of 10 in intensity; continuous bilateral wrist and hand pain on the topside with pain radiating to the fingers; the pain level varies, but she rates the pain at 8 out of 10 in intensity; continuous low back pain with pain radiating to the bilateral lower extremities; the pain level varies, but she rated it at 8 out of 10 in intensity; continuous right knee pain; the pain level varies, but she rated it at 10 out of 10 in intensity; continuous bilateral feet pain; and the pain level varies, but she rates it at 5 out of 10 in intensity. It is noted that strength and range of motion have improved with physical therapy, initially; and cortisone injection to the right knee was of no benefit. Objective findings have included the range of motion of the bilateral wrists is normal; and range of motion of the right knee is decreased. The treatment plan has included the request for toxicology.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, toxicology is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are bilateral wrist or arrangement; and right knee internal derangement. The date of injury is August 4, 2014. Request for authorization is July 1, 2015. According to the sole progress note by the requesting provider dated May 18, 2015, the injured worker's subjective complaints are neck pain, bilateral wrist pain, low back and right knee pain. The treatment plan section of the medical record does not contain a request for urine drug toxicology screen. There is no documentation of aberrant drug- related behavior, drug misuse or abuse. There is no clinical indication or rationale for urine drug toxicology screen. There are no additional progress notes by the requesting provider in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence- based guidelines, no clinical indication or rationale for a urine drug toxicology and no aberrant drug-related behavior, drug misuse or abuse, toxicology is not medically necessary.