

<b>Case Number:</b>	CM15-0167650		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 40 year old male, who sustained an industrial injury on 10-10-14. He reported pain in his right knee. The injured worker was diagnosed as having right cruciate ligament strain, right knee internal derangement and altered gait. Treatment to date has included aqua therapy, physical therapy, Norco and Ambien. On 4-23-15 the injured worker underwent a right knee arthroscopy with partial synovectomy in the notch, partial lateral meniscectomy and anterior cruciate ligament repair. The injured worker had a urine drug screen on 3-9-15 and 5-12-15 with inconsistent results. The treating physician did not address the inconsistencies in subsequent progress notes. On 6-29-15 the urine toxicology was consistent with prescribed medications. As of the PR2 dated 7-27-15, the injured worker reports right knee pain. He rates his pain 7 out of 10 and has increased swelling with walking. Objective findings include tenderness to palpation in the right knee medial, lateral joint lines, and decreased range of motion. The treating physician requested a urine toxicology test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, indicators for addiction.

**Decision rationale:** MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records; the injured worker is not a high risk for abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress," (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources". Per the medical records, UDS dated 7/1/15, 7/29/15, and 8/25/15 are available for review. The latter two tests contain inconsistent results. The medical necessity of further urine toxicology testing is not affirmed. The request is not medically necessary.