

<b>Case Number:</b>	CM15-0038309		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, 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 58 year old male, who sustained an industrial injury on 5/16/13. He has reported right knee injury. The diagnosis included right total knee replacement. Treatment to date has included right knee total replacement, physical therapy, topical medications and oral medications including Naprosyn and omeprazole. X-ray of right knee performed on 9/10/14 revealed osseous structures demineralized, stable radiographic appearance of total knee arthroplasty, anterior soft tissue fullness and enthesophyte at origin of the patellar tendon. Currently, the injured worker complains of continued right knee pain. Limited range of motion is noted of right knee. It is noted he is unable to take oral pain medications as he is a truck driver and working 6 days per week and the cream is helpful in relieving the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen test Page(s): 76-79, and 99.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. Within the documentation available for review, the patient previously had a urine drug screen on 11/12/2014 showed compliance. Another urine drug screen performed on 1/21/2015 was non-legible. A progress note on 1/15/2015 does not indicate that the patient is currently on controlled substance, as the patient's current medical treatments are Naproxen, Ketoprofen cream, and omeprazole. Given this information, the request for urine drug screen test is not medically necessary.