

<b>Case Number:</b>	CM14-0128167		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 58-year-old female who has submitted a claim for sprains and strains unspecified site of, unspecified internal derangement of knee and effusion of other specified sites associated with an industrial injury date of 12/02/2013. Medical records from 01/09/2014 to 07/23/2014 were reviewed and showed that patient complained of bilateral knee pain (left greater than right). Physical examination revealed tenderness of medial and lateral joint line bilaterally, decreased ROM of left knee, and positive McMurray and Apley compression tests. MRI of the left knee dated 01/13/2014 revealed medial meniscus tear and mild chondromalacia of the articular cartilage of the medial patellar facet. Treatment to date has included diclofenac sodium. Other modes of treatment and medications, if any, were not discussed. Utilization review dated 07/17/2014 denied the request for urine drug screen to rule out meds toxicity because there was no indication as to the type and nature of treatment rendered to this claimant prior to the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine screen to rule out med toxicity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. In this case, the patient complained of bilateral knee pain. A request for urine drug screen was made to rule out medicine toxicity. However, there was no discussion of medications with high risk for misuse other than the use of diclofenac sodium. The medical necessity cannot be established due to insufficient information. Therefore, the request for Urine screen to rule out med toxicity is not medically necessary.