

<b>Case Number:</b>	CM14-0133374		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 65-year-old female with an 8/30/11 date of injury. At the time (8/7/14) of request for authorization for urine toxicology, there is documentation of subjective findings consisting of bilateral knee pain. There was also documentation of objective findings consisting of antalgic gait favoring the left lower extremity, bilateral knee tenderness to palpation anteriorly/laterally/medially/bilateral patella/bilateral lateral femoral condyle/bilateral lateral tibial condyle, decreased range of motion, positive patellofemoral grinding/McMurray test bilaterally, decreased deep tendon reflexes at knees/ankles at 1+/2+, and decreased motor strength bilateral knees at 4/5. The current diagnoses included bilateral knee internal derangement, rule out bilateral knee meniscal tear, and bilateral knee degenerative joint disease. The patient's treatment to date includes left knee injection and physical therapy. There is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of urine drug screen. Within the medical information available for review, there is documentation of diagnoses of bilateral knee internal derangement, rule out bilateral knee meniscal tear, and bilateral knee degenerative joint disease. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for Urine Toxicology is not medically necessary.