

<b>Case Number:</b>	CM14-0178297		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 53-year-old female who reported injury on 06/24/2014. The mechanism of injury was a fall. Prior therapies included 3 sessions of physical therapy. Medications included Ultracet 37.5/325 mg, acetaminophen 500 mg, enalapril maleate 10 mg, and aspirin 81 mg. The physical examination revealed injured worker had a positive McMurray's on the left. The injured worker had crepitation bilaterally. Pain was elicited to the medial aspect of the left knee with squatting. The injured worker had a decreased range of motion in flexion. Diagnosis included sprain of unspecified site of knee. The treatment plan included finish physical therapy, home exercises, and utilize a knee support as well as applying ice pack over a towel to the affected area 3 to 4 times per day. There was a request for authorization submitted for toxicology testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology Testing once a week for 6 weeks QTY: 6: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Urine Drug Testing (UDT)

**Decision rationale:** The California MTUS Chronic Pain Guidelines were not utilized as the injury was 4 months prior to the requested service. As such, it would be considered to be in the acute phase. The Official Disability Guidelines indicate that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. It is recommended at the onset of treatment of a new injured worker who is already receiving controlled substances when chronic pain management is considered. Additionally, if the injured worker has a positive or at risk addiction screen on evaluation a urine drug screen is appropriate. The clinical documentation submitted for review failed to provide a documented rationale for the request. The duration of medication use was not provided. Additionally, there was a lack of documentation indicating a necessity for 6 urine drug screens. Given the above the request for toxicology testing once a week for 6 weeks quantity 6 is not medically necessary.