

<b>Case Number:</b>	CM14-0206951		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice, and is licensed to practice in North Carolina. 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 47-year-old with a reported injury date of 06/06/2014. The patient has the diagnoses of right knee chondromalacia. Per the only progress report from the requesting physician dated 11/12/2014, the patient had complaints of right knee pain. The injury occurred as a result of a fall when the patient was walking to her car after work. Past treatment modalities have included physical therapy and cortisone injections. The physical exam noted tenderness along the lateral femoral condyle of the right knee and pain with patellar compression. The patient has a history of renal transplant and cannot tolerate NSAIDs therapy. Treatment plan recommendations included physical therapy, right knee PRP injection, and interferential unit, Kinesio taping and topical Lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug test: Qualitative point of care test and quantitative lab confirmations:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 76-84.

**Decision rationale:** The request is for a urine drug screen. The California MTUS does recommend urine drug screens for patients on opioid therapy. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. The included progress notes do not indicate the patient is on chronic opioid therapy. There are no indications of suspected drug abuse. The only prescribed medication is topical Lidocaine per the only progress note provided by the requesting physician. There is no indication on why a urine drug screen or collection is indicated. Therefore the request is not medically necessary and appropriate.