

<b>Case Number:</b>	CM15-0016742		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 68 year old male with an industrial injury dated December 26, 2012. The injured worker diagnoses include knee instability and right knee patellofemoral malalignment. He has been treated with diagnostic studies, prescribed medications, consultation and periodic follow up visits. In a progress note dated 12/18/2014, the treating physician noted instability of the left knee, and that his left knee has given out on him on a number of occasions. The treating physician also noted that there was clinical and radiographic evidence of severe patellofemoral malalignment of the left knee. The treating physician prescribed services for urine toxicology screen to check efficacy of medications. UR determination on January 15, 2015 denied the request for urine toxicology screen, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78. Decision based on Non-MTUS Citation ODG Pain

**Decision rationale:** CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the cited reason for the drug screen is to "monitor prescribed medication" but the medical record contains no documentation of what, if any, medications are prescribed. Lacking any documentation of prescribed medication, there is no medical indication for urine drug screen and the original UR denial is upheld.