

<b>Case Number:</b>	CM15-0113200		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 39-year-old male, with a reported date of injury of 12/03/2013. The diagnoses include cervical spine multilevel disc bulges with moderate severe left foraminal stenosis, right knee meniscal tear, status post right knee arthroscopy, right elbow contusion, grade 3 type tear of the posterior horn of the medial meniscus, and right knee meniscal tear with partial anterior cruciate ligament tear. Treatments to date have included oral medications, including Tramadol, physical therapy, an MRI of the cervical spine on 04/24/2014, an MRI of the right knee on 07/25/2014, and right knee arthroscopy on 01/16/2015. The progress report dated 04/08/2015 indicates that the injured worker had persistent pain in the neck, rated 7 out of 10, right shoulder pain, rated 7 out of 10, and right knee pain, rated 7 out of 10. It was noted that the neck and right shoulder pain were constant and about the same. The right knee pain was described as intermittent and slightly improving. The pain was made worse with activities. He took Tramadol which helped his pain go from 7 out of 10 down to 4-5 out of 10. The injured worker had completed 12 out of 12 physical therapy sessions to the right knee. The injured worker was currently not working. The objective findings include severe decreased cervical range of motion in all planes with positive hypertonicity of the bilateral trapezius muscles, as well as tenderness; positive Spurling's on the right and positive cervical compression; slight decreased right knee range of motion; tenderness over the right medial and lateral joint line; and well-healed portal scars on the right knee. A prescription for Ultram (Tramadol) 50mg #90, one tablet by mouth every eight hours as needed for pain was given. The drug test report dated 03/19/2015 indicates that hydromorphone was prescribed, but not detected. The progress report

dated 03/19/2015 indicates that a prescription for Norco 10/325mg #90, one tablet by mouth every 6-8 hours as needed for pain was given, with no refill. The treating physician requested

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine toxicology (related to opioid therapy secondary to cervical spine, right knee and elbow injury): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology (related to opiates therapy) secondary to cervical spine, right knee and elbow injury is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are multilevel disposes with moderate to severe left foraminal stenosis; right knee meniscal tear, status post arthroscopy; right elbow contusion by history; grade 3 tear posterior medial meniscus as well as thinning and splaying of the anterior cruciate ligament; and right knee meniscal tear with partial anterior cruciate ligament tear. The request for authorization was dated May 12, 2015. A progress note dated May 18, 2015 states the current list of medications. Medications include Flexeril and Ultram. Utilization review indicates these medications are appropriate for weaning. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There has been no attempt at weaning Ultram through the present. Consequently, absent clinical documentation of aberrant drug-related behavior, drug misuse or abuse, risk assessments, detailed pain assessments and attempted opiate weaning, urine toxicology (related to opiates therapy) secondary to cervical spine, right knee and elbow injury is not medically necessary.