

<b>Case Number:</b>	CM15-0113602		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Texas, California  
 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 40-year-old female, who sustained an industrial injury on 10/06/2014. Diagnoses include right knee chondromalacia patella and rule out meniscal tear. Treatment to date has included medications, bracing, physical therapy, diagnostics, and work restrictions. Per the Primary Treating Physician's Initial Evaluation dated 4/10/2015, the injured worker reported symptoms of giving way and difficulty with stairs. She has more difficulty going upstairs than downstairs. She has noticed some improvement with regards to anterior knee pain. Physical examination of the right knee revealed no evidence of gross deformity. There is a 5cc joint effusion. There was tenderness to patellofemoral pressure, smooth patellar tracking and tenderness over the lateral facet, patellar tendon and medial joint line to pressure. The plan of care included diagnostics and authorization was requested for toxicology. The medication list include Prilosec, ibuprofen and Voltaren.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing.

**Decision rationale:** Request: Toxicology After a professional and thorough review of the documents, my analysis is that Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medication list contains Prilosec, ibuprofen and Voltaren. Whether patient is taking any opioid medication / controlled substances or not is not specified in the records provided. Any history of substance abuse was not specified in the records provided. The medical necessity of the request for Toxicology is not medically necessary in this patient.