

<b>Case Number:</b>	CM15-0118017		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	12/01/1989
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 72 year old female, who sustained an industrial injury on 12/1/89. The documentation on 4/20/15 noted that the injured worker has complaints of having her left knee popped while sleeping around three weeks prior and has had a lot of pain when walking. The documentation noted that the injured worker has had orthovisc to the right knee which helped for a while. The documentation noted on examination that the left knee primarily medial and lateral joint line tenderness but palpable tenderness over the medial collateral ligament and there is pain on the lateral aspect of the patella. The diagnoses have included joint replaced knee; abnormality of gait; stiffness of joints, multiple sites and left leg joint pain. Treatment to date has included cortisone injections; ambulates with a cane; naproxen and therapy. The request was for retrospective review for date of service (date of service 03/09/15), for services provided for outpatient urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review for date of service (DOIS 03/09/15: for services provided:  
for outpatient urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The claimant sustained a work-related injury in December 1989 and continues to be treated for left knee pain. When seen, there had been improvement after a cortisone injection. There was decreased with joint line tenderness and a slight limp. Medications being prescribed were naproxen, Aiovan, lorazepam, amlodipine, aspirin, and vitamins. Criteria of the use of opioids address the role of urine drug screening. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. Therefore, urine drug screening is not medically necessary.