

<b>Case Number:</b>	CM15-0119324		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/08/2004
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 49-year-old female, who sustained an industrial injury on 5/8/04. The injured worker has complaints of neck and back pain and pain that runs all up and down the right side of her body, headaches. The documentation noted sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The documentation noted that sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The documentation noted that the knee shows slight swelling positive. The documentation noted severe tenderness throughout the knee anteriorly, posteriorly in popliteal fossa as well as medial and lateral joint line and slight swelling is positive. The diagnoses have included status post right knee arthroscopic surgery and reflex sympathetic dystrophy right side. Treatment to date has included magnetic resonance imaging (MRI) of the right knee on 3/6/15 showed abnormal appearance of the marrow with diffuse fatty changes, significant patellofemoral osteoarthritis and mild patellar tendinopathy; physical therapy; injections; right knee arthroscopic surgery; ganglion block; clonazepam; methadone and soma for muscle relation. The request was for urine toxicology screen.

### 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 Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, criteria for the use of urine drug testing.

**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 screen 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 workers working diagnoses are status post right knee arthroscopy; reflex sympathetic dystrophy right side? ; Leaving corrective; constipation. Date of injury is May 8, 2004. The medical record contains 52 pages. The request for authorization is dated May 14, 2015 and the most recent progress note is April 22, 2015. Subjectively, a quantity April 22, 2015 progress note, union worker has ongoing pain in the right knee 8-/10. Objectively, the injured worker is ambulatory antalgic gait. There is tenderness palpation at L4 - L5, but range of motion is unrestricted. The right knee is unrestricted (range of motion). There is tenderness palpation telephony anteriorly and posteriorly in the popliteal fossa. There is no risk assessment and medical record. There is no aberrant drug-related behavior or documentation of drug misuse or abuse. There are no urine drug screens in the medical record. The current medications include methadone 10 mg every eight hours and baclofen 10 mg twice daily. Consequently, absent clinical documentation with evidence of aberrant drug-related behavior, drug misuse or abuse and a risk assessment and clinical rationale for urine drug screen, urine toxicology screen is not medically necessary.