

<b>Case Number:</b>	CM15-0127057		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 60 year old male, who sustained an industrial injury on 6/4/13. He has reported initial complaints of a left knee injury. The diagnoses have included pain in the joint involving the lower leg, patellofemoral pain, and osteoarthritis of the knee, synovitis of the knee and chronic internal derangement of the knee. Treatment to date has included medications, activity modifications, diagnostics, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/24/15, the injured worker complains of left knee joint pain, left knee joint stiffness, the left knee catching during movement, snapping sensation in the knee and a grating sensation in the knee. He reports that the knee feels unstable, the knee suddenly buckled and a popping sound was heard and he has bone pain in the knee. The physical findings reveal tenderness to palpation of the left knee and tenderness observed on ambulation of the knees. A thickened synovial membrane was found. The current medications included Gabapentin, Venlafaxine and topical analgesic creams. The urine drug screens dated 3/9/15 and 4/24/15 were inconsistent with the medications prescribed. The physician requested treatment included Urine drug test - 12 panel on 4/24/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Test - 12 panel on 4/24/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. 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 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 drug testing - 12 panel date service April 24 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, 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 osteoarthritis knee; synovitis knee and chronic internal derangement knee. The date of injury is June 4, 2013. Request for authorization is April 24, 2015. The documentation indicates a urine drug screen (UDS) was performed on January 21, 2015. There were no medications declared and no medications detected in the drug screen. According to an April 24, 2015 progress note, the injured worker has subjective complaints of left knee pain. Objectively, there was tenderness palpation of the knee. Medications include topical creams, gabapentin and Venlafaxine. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale in the progress note for urine drug toxicology screen. Consequently, absent clinical documentation with a clinical indication and rationale for urine drug screen and an unremarkable UDS performed January 21, 2015, urine drug testing 12-panel date service April 24 2015 is not medically necessary.