

<b>Case Number:</b>	CM15-0024938		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 51 year old male, who sustained an industrial injury on 8/16/13. He reported right knee pain. The injured worker was diagnosed as having right knee internal derangement. Treatment to date has included a right knee arthroscopy on 8/26/14 and medications. A physician's report dated 1/21/15 noted prescriptions included Naproxen, Gabapentin, Protonix, and topical cream. Currently, the injured worker complains of right knee pain with stiffness, numbness, tingling, and weakness. The treating physician requested authorization for a 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 Urine drug screen Page(s): 70, 77, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indicators and predictors of possible misuse of controlled substances and/or addiction, p87 Page(s): 87. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** The claimant sustained a work-related injury in August 2013 and continues to be treated for chronic right knee pain. He underwent right knee arthroscopy in August 2014. Medications have included Norco. Prior urine drug testing is referenced in September and December 2014. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. Although there is no documentation of risk stratification, the claimant would appear to be at low risk and therefore requesting a third urine drug test in one year is not medically necessary.