

<b>Case Number:</b>	CM15-0066603		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55-year-old female, who sustained an industrial/work injury on 5/13/13. She reported initial complaints of left knee pain. The injured worker was diagnosed as having left knee advanced osteoarthritis joint pain and joint derangement of the leg. Treatment to date has included medication, Supartz injections, and surgery (arthroscopy of left knee on 9/16/14). Currently, the injured worker complains of a painful left knee and rated 7/10. Per the primary physician's progress report (PR-2) on 3/19/15, examination noted advanced osteoarthritis to the left knee. An ultrasound guided intra-articular injection was performed. The PR-2 reported limited range of motion, swelling, and pain rated 3/10. Current plan of care included a drug screen. The requested treatments include 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): 41, 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 78.

**Decision rationale:** The injured worker sustained a work related injury on 5/13/13. The medical records provided indicate the diagnosis of left knee advanced osteoarthritis joint pain and joint derangement of the leg. Treatment to date has included medication, Supartz injections, and surgery (arthroscopy of left knee on 9/16/14). The medical records provided for review do not indicate a medical necessity for Urine Toxicology Screen. The MTUS recommend Drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker had at least two urine drug screen between 11/2014 and 02/2015, and on each occasion a non prescribed controlled substance was detected in the urine. Based on this, the MTUS recommends discontinuation of opioid treatment. Therefore, there is no more need to do a urine drug screen since the opioid is being discontinued, the request is not medically necessary.