

Case Number:	CM13-0015465		
Date Assigned:	03/12/2014	Date of Injury:	08/22/2011
Decision Date:	04/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41-year-old male who reported a work-related injury on 08/22/2011. The mechanism of injury was noted as a slip and fall in which the patient landed on both knees on a concrete ground. The patient underwent surgery to the right knee in 2013. He has also undergone conservative treatments to include physical therapy, chiropractic treatments, and Synvisc injections. The patient's medications include tramadol 50 mg and omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

POC DRUG SCREEN AND LABS EVERY 3 MONTHS X 1 YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);PAIN CHAPTER.

Decision rationale: A request has been made for a point of contact drug screen and labs every 3 months x1 year. California Medical Treatment Guidelines for chronic pain state that drug testing is recommended as an option to assess for the use or the presence of illegal drugs. There was no rationale provided for the request, and the request did not include which labs were being

requested every 3 months for the patient. Per submitted clinical documentation for review, the patient was not noted to be at risk for misuse of medications. The documentation presented did not provide any evidence of any unexplained or inconsistent results with the patient's prescribed medication schedule on a point of care test. There were no drug screens submitted with the review for the patient. There was also no evidence of a risk assessment screening completed for the patient; and therefore, there is no evidence of the patient falling under a high-risk category for frequent monitoring. Guidelines state that patients at low risk of addiction and aberrant behavior should be tested within 6 months of initiation of therapy, and on a yearly basis thereafter. There was no mention in the submitted clinical documentation that the patient's previous urine drug screens yielded evidence of inappropriate results, and there was no rationale for the request for a drug screen and labs every 3 months x1 year for the patient. Therefore, the decision for POC drug screen and labs every 3 months x1 year is non-certified.