MAXIMUS Federal Services

Case Number:	CM13-0020728		
Date Assigned:	10/11/2013	Date of Injury:	05/03/2001
Decision Date:	06/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/05/2013

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 Occupational Medicine, and is licensed to practice in California. 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 claimant was injured on 05/03/01. A urine drug screen has been requested and was non-certified and is under review. The claimant saw [redacted] on 11/09/12 for an orthopedic reevaluation of his knees. He is status post bilateral total knee arthroplasty. He had a course of therapy and acupuncture, which were significantly beneficial and he also had seen a pain management specialist. He was using a cane when ambulating long distances. A urine toxicology review was done on 12/07/12. Cotinine was detected. He was prescribed Norco, but it was not detected. He continued to see [redacted] and continuation of ice and anti-inflammatories was recommended on 01/18/13. He saw [redacted] on 01/25/13 and received prescriptions for Diclofenac and Norco. On 03/18/13, there was a drug screen report that states that hydrocodone was prescribed, but not detected. On 04/03/13, another drug screen was obtained to monitor medication use. The claimant saw [redacted]. He continued to see these providers through mid-2013. There is a letter of appeal from [redacted] dated 04/05/13 that states that the claimant had undergone six urine drug screenings within the previous year with lack of evidence of medication misuse. A random urine drug screen was recommended to monitor medication compliance and he was taking tramadol. On 06/07/13, the claimant remained on hydrocodone and another urine drug screen was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 URINALYSIS DRUG SCREEN 6/20/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Tests Page(s): 43, 77.

Decision rationale: The history and documentation do not objectively support the request for a urine drug test. The MTUS Chronic Pain Guidelines state on page 43 that drug tests may be "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Page 77 recommends "(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." In this case, the claimant has been taking medications for pain and monitoring or use has been recommended via drug tests. Of note, on more than one occasion, the claimant's drug test was inconsistent with his prescribed medications. These results are not addressed in the medical records provided for review. There is no documentation that the results were discussed with the patient by the provider, in particular, why the opioids were not detected if they were prescribed. In fact, the provider indicated that the urine drug tests were consistent with the prescribed medications, which does not appear to be true and has not been addressed. The claimant continued to receive opioids despite the inconsistent test results. If the results of urine tests are not going to be followed up, to guide future treatment, the medical necessity of doing them is not supported as medically necessary and appropriate.