

Case Number:	CM13-0026342		
Date Assigned:	11/22/2013	Date of Injury:	09/17/2008
Decision Date:	02/04/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 physician 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 65-year-old male who reported an injury on 09/17/2008. The patient is currently diagnosed with left knee internal derangement, right shoulder rotator cuff injury, and status post left total knee replacement. The patient was seen by [REDACTED] on 08/08/2013. The patient reported increased pain and discomfort in the left knee. Physical examination revealed tenderness to palpation, positive Apley testing, positive rotator cuff impingement in the right shoulder, local tenderness and swelling, and 5/5 strength. Treatment recommendations included continuation of current medications and a random urine drug screening test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines (ODG) state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy, and on a yearly basis thereafter. As per the clinical notes submitted, the patient's injury was over 5 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.