

Case Number:	CM13-0040174		
Date Assigned:	12/20/2013	Date of Injury:	07/02/2009
Decision Date:	03/18/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management has a subspecialty in Disability Evaluation 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 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 53 year old injured worker who originally injured their left knee in 2009 at work, resulting in meniscectomy. The patient has continued to have complaints of left knee pain, with ROM limitations, weakness and functional deficits. He has had a knee arthroscopy. This review is a retrospective based on the PR-2 from [REDACTED] from 9-18-2013. The prescribed Ibuprofen is approved. The urinary drug screening is denied. No documentation is given as to the need for testing identifying the patient being high risk for addiction, aberrant behavior or opioid monitoring. The knee MRA and ortho- consults have already been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (UDS) for DOS 9/18/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC- Pain(Chronic), Urine drug testing (UDT).

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend drug screening to assess the presence of illicit drugs and or to monitor patient

adherence to prescription medication program, when there is a clinical indication. Based on the medical records provided for review the patient recent urine drug screening performed did not suggest any evidence of aberrant drug behavior or illicit drug use . Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. Furthermore, there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. The retrospective request for a urine drug screen, DOS 9/18/2013, is not medically necessary and appropriate.