

Case Number:	CM13-0042725		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2013
Decision Date:	04/22/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 06/04/2013 with treating diagnoses of medial meniscus tear of the knee, knee sprain, osteoarthritis, and status post surgery. The patient is status post left knee arthroscopy on 08/20/2013. A urine drug screen request from the primary care physician on 09/25/2013 reports current medications of codeine and naproxen. The primary treating physician's progress report prior to that, of 09/04/2013, also reports medications of naproxen and Tylenol #3 and noted the patient reported ongoing pain at 6/10, particularly when walking. The results of the urine drug screen which was received on 09/27/2013 were consistent with a prescription for codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT 12 PANEL TEST URINE DRUG PANEL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen Page(s): 35, 43, 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option, using a urine drug screen. Additionally, the Guidelines discuss this

medication as a schedule C-II controlled substance. In this case, the patient had been prescribed a controlled substance, codeine. The Guidelines recommend ongoing management of appropriate medication use. In this patient, who was being prescribed codeine and reported substantial ongoing pain limiting his function, the guidelines support and recommend urine drug screening as part of opioid management in order to assure compliance with the recommended treatment. Therefore, this request is supported by the treatment guidelines, and the urine drug testing is medically necessary and appropriate.