

Case Number:	CM13-0044117		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2013
Decision Date:	05/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 injured worker is a 54-year-old, who reported an injury on 06/01/2013, and the mechanism of injury was from a slip and fall. The injured worker has continued pain and discomfort to the left knee and he has had some relief with conservative care. The injured worker's medications included Tramadol and Prilosec. The clinical note from 08/28/2013 indicated that on examination of the left knee, the strength was 4/5 and weaker. The current request is for a urine analysis for drug screening purposes, but the date was not provided. The rationale for the urine analysis was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE ANALYSIS FOR DRUG SCREENING PURPOSES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER, ONLINE VERSION, CRITERIA FOR USE OF URINE DRUG TESTING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, ON-GOING MANAGEMENT, 78.

Decision rationale: The Chronic Pain Guidelines indicate that the actions for on-going management should include the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The medical documentation provided does not indicate that the patient had issues of abuse, addiction, or poor pain control. Given the fact that the treating physician failed to indicate the rationale for the urine analysis, the request is not medically necessary.