

Case Number:	CM13-0052678		
Date Assigned:	04/25/2014	Date of Injury:	07/25/2006
Decision Date:	07/08/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 patient is a 55-year-old male who has submitted a claim for left knee chondromalacia of the patella, left shoulder strain, status post right knee arthroscopic meniscectomy in July of 2007, and status post surgical repair of right wrist in October of 2009; associated from an industrial injury date of November 6, 2013. The medical records from October 25, 2012 to February 16, 2014 were reviewed and showed that patient complains of constant left shoulder, bilateral wrist, and bilateral knee pain, graded 5-6/10. It is associated with popping and locking. The shoulder pain radiates to the biceps. Pain is aggravated by movements such as reaching. Both knees buckle and give-way, and noticed while walking. Physical examination showed tenderness in the anterior acromial area, bilateral dorsum of the wrist, and medial joint line of the right knee. There was limited range of motion of the right shoulder, bilateral wrists, and bilateral knees. Muscle testing was normal. Sensation was intact. The treatment to date has included Norco, Motrin, Vicodin, and Relafen. The utilization review, dated November 6, 2013, denied the request for urine drug screening. The reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXICOLOGY - URINE DRUG SCREEN AT NEXT APPOINTMENT FOR MEDICATION COMPLIANCE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps To Avoid Misuse/Addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of California MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of aberrant drug behavior. Medical records submitted for review did not show evidence of previous urine drug tests. The frequency of urine drug testing requested is in accordance with the guidelines. Therefore, the request for toxicology - urine drug screen at next appointment for medication compliance is medically necessary.