

Case Number:	CM13-0053473		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2001
Decision Date:	07/18/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58 year old female who reported injury 02/27/2001 secondary to a fall. The injured worker complained of bilateral knee pain. Objective findings of the knee were mild discoloration and effusion of the medial aspect of the left knee, surgical area was dry, clean, and intact, range of motion was flexion of 120 degrees on right, 80 degrees on the left, lower extremity motor strength was knee extensors 5-/5 on right, 3/5 on left, knee flexors not done on right, left 3/5 and 5-/5 to both left and right lower extremity for great toe extensor and foot evertors. There was no diagnostics or listed medications for review, however the note dated 12/02/2013 states that the injured worker was asked to stop all NSAIDs. She was diagnosed with cervical disc syndrome, left knee osteoarthritis/ degenerative joint disease, left knee medial meniscus tear, status post right total knee replacement on 05/14/2012, and status post left knee arthroscopy. She had past treatment of physical therapy. The treatment plan is for a urine toxicology screen test. The request for authorization form was not submitted for review. There is no rationale for the request urine toxicology screen test.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREEN TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing, opioids, criteria for use Page(s): 43, 76-78.

Decision rationale: The request for urine toxicology screen test is not medically necessary. The injured worker complained of bilateral knee pain. She had past treatment of physical therapy. The note dated 12/02/2013 states that the injured worker was asked to stop all NSAIDs. CAMTUS chronic pain medical treatment guidelines drug testing and criteria for use of opioid states that drug testing is an option to assess for the use or the presence of illegal drugs, abuse and misuse of opioids. There was no submitted documentation submitted stating the injured workers use of an opioids for pain. Therefore, the request for urine toxicology screen test is not medically necessary.