

Case Number:	CM13-0061893		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2002
Decision Date:	05/22/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 45 year old male with dates of injury 6/27/2002 and 7/21/2009. The most current medical report, a primary treating physician's progress report, dated 10/14/2013, lists subjective findings as pain in the low back and knees, bilaterally. Objective findings: examination of the lumbar spine revealed tenderness, spasm and tightness in the paraspinal muscles. There was reduced range of motion and end range pain and weakness with sciatic stretch. Examination of the bilateral knees revealed tenderness with crepitus, left greater than right. Medial joint line tenderness and pain upon partial knee bend was also noted. Diagnosis: 1. Bilateral knee internal derangement; 2. Lumbar spine discopathy; 3. Status post right knee arthroscopy; 4. Right hip pain, secondary to severe right knee internal derangement; 5. Status post left knee arthroscopy; and, 6. Status post right knee arthroscopy. The patient's previous urine drug screen was done on 05/02/2013 and was negative for the drugs tested. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 5/02/2013: 1. Cyclobenzaprine 7.5 mg #60, SIG: one p.o. q12 p.r.n., and 2. Hydrocodone 10/325 mg #60, SIG: one p.o. q6-8 p.r.n.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: 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)--TREATMENT IN WORKERS COMP (TWC) PAIN PROCEDURE SUMMARY,
URINE DRUG TESTING (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN Page(s): 43. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, URINE DRUG SCREEN, 43

Decision rationale: The MTUS guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. The previous drug screen was negative for all substances. There is no documentation that the employee exhibited addictive or aberrant behavior that would indicate excessive use of his prescription medication. Urine drug screen is not medically necessary