

Case Number:	CM13-0062348		
Date Assigned:	12/30/2013	Date of Injury:	10/09/2002
Decision Date:	03/26/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Family Medicine, has a subspecialty in Pain 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 72 year old female who sustained a knee injury on 10/29/02. She had a right total knee replacement with loosening of a tibial plate. A recent exam report on 7/24/13 noted that she had 9/10 pain in the right knee and 6/10 pain in the left knee. Her exam was notable for right knee swelling and crepitus with extension. Her left knee had crepitus and reduced range of motion. She has received cortisone injection, MS Contin, Voltaren gel, Norco and therapy for pain management. She occasionally takes Valium at night to help her sleep. She has been under a narcotic contract. A urine drug screen performed was ordered on 7/24/13, which indicated results consistent with the medications she was taking. A previous UDS on 1/17/13 was also consistent with medications taken.

IMR ISSUES, DECISIONS AND RATIONALES

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

A urine drug screen performed on 7/24/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Urine Drug Screen Page(s): 83-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug Testing

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. Based on the above references and no clinical history of non-compliance or abuse , a urine toxicology screen is not medically necessary.