MAXIMUS Federal Services

Case Number:	CM13-0065065		
Date Assigned:	01/03/2014	Date of Injury:	07/29/2011
Decision Date:	04/04/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 41-year-old male with date of injury on 07/29/2011. According to the treating physician's report, 11/26/2013, the patient's listed diagnosis is that of knee pain. The patient presents with knee pain injuring the right knee when he slipped on the last rung of ladder hyperextending the knee. MRI showed ACL tear and patient underwent ACL repair on 12/29/2011 with [redacted]. The patient was seen by [redacted] for consultation where physical therapy was prescribed and Voltaren XR and topical antiinflammatory cream were provided. This report request reconsideration of physical therapy and consider acupuncture, and Prilosec was prescribed given the patient's heartburns. He also listed diagnoses of patellofemoral syndrome. Prescribed medications were Prilosec and drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) urine drug screen between 11/26/13 and 2/1/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter on Drug Testing, pg. 43

Decision rationale: This employee presented with chronic left knee pain, status post ACL repair. The treating physician has asked for urine drug screen according to the report on 11/26/2013. However, the only listed medications are Prilosec and Voltaren, and antiinflammatory medication. The MTUS Guidelines discuss urine drug screen in the context of chronic opiate management to determine potential abuse. Urine drug screen is not something that is recommended for non-opiate pain management. Given that this employee is not taking any opiates, or that any documentation is provided regarding use of opiates, recommendation is for denial of the requested urine drug screen.