

Case Number:	CM13-0065191		
Date Assigned:	01/03/2014	Date of Injury:	11/26/2010
Decision Date:	06/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal 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 an employee of [REDACTED] and has submitted a claim for strain / sprain of right knee and leg with internal derangement of meniscus associated with an industrial injury date of 11/26/2010. Treatment to date has included the following medications: Ibuprofen, Norco, and Prilosec. Utilization review from 11/26/2013 denied the request for urine analysis. Reasons for denial were not made available. Medical records from 2012 to 2013 were reviewed showing that patient complained of worsening right knee pain graded as severe (+++) associated with stiffness and weakness. Objective findings showed right knee tenderness, swelling and limitation of motion. Motor strength was graded 4/5 at the right knee. Progress notes were handwritten and somewhat illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE ANALYSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment guidelines, drug screening is indicated for patients with issues of abuse or poor pain control and is also part of the 4 domains of opioid management. In this case, the patient started Norco intake since 11/18/2013 as stated in a progress report. However, there was no discussion concerning a high-risk profile for the patient with regards to aberrant behavior or drug misuse that will necessitate drug screening. The guideline criteria have not been met. Therefore, the request for urine analysis is not medically necessary.