

Case Number:	CM13-0068898		
Date Assigned:	01/03/2014	Date of Injury:	03/22/1988
Decision Date:	06/13/2014	UR Denial Date:	11/23/2013
Priority:	Standard	Application Received:	12/20/2013

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 & 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 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 a 51 year old with an injury date on 3/22/88. Exam on 11/6/13 showed residual pain in right knee with positive patellar grind test. Tenderness in cervical and lumbar paravertebral muscles, in right lateral epicondyle, and in anterior joint line space of left knee. The patient had urine drug screen on 7/23/12 which showed negative for all drugs tested and was consistent with prescribed medications. [REDACTED] is requesting retrospective urine drug screen with a date of service of 7/23/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

A URINE DRUG SCREEN WITH A DATE OF SERVICE OF 7/23/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines STEPS TO AVOID OPIATE MISUSE Page(s): 94-95.

Decision rationale: The treating physician has asked retrospective urine drug screen with a date of service of 7/23/12 but no request for authorization is included in provided reports. Per 12/19/12 report, the patient was taking Naproxen Sodium Tablets 550 mg #100, for

inflammation, Levofloxacin Tablets 750 mg #20, Cyclobenzaprine Hydrochloride Tablets 7.5 mg #120, Sumatriptan Succinate Tablets 25 mg #9 x2, Ondansetron OOT Tablets 8 mg #30 x2, Omeprazole Delayed release Capsules 20 mg #120. No opiates are listed. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when the patient appears at risk for addiction, or when drug dosage increase proves ineffective. However, this applies to patients that are on opiates and UDS's are used to manage chronic opiate use. This patient was not on any opiates and there was no need for UDS testing. Recommendation is for denial.