

Case Number:	CM14-0012329		
Date Assigned:	05/14/2014	Date of Injury:	07/14/2009
Decision Date:	07/10/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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 and is licensed to practice in Texas. 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 injured worker is a 43-year-old male who reported an injury on 07/14/2009. The mechanism of injury was not provided. Per the evaluation note dated 11/11/2013, the injured worker underwent left knee surgery in 2004 and 2011, and right knee surgery in 2010. Range of motion for bilateral knees was 0 to 125 degrees with some discomfort on flexion in the retropatellar area. Lachman's and McMurray's tests were negative. Crepitation was 1+ bilaterally. Joint line tenderness was noted bilaterally in the medial joint line. Per the progress note dated 12/16/2013, the injured worker reported continued pain to bilateral knees as well as constant right heel pain. The diagnoses reported for the injured worker included status post left knee arthroscopy, meniscectomy, chondroplasty, and right plantar fasciitis secondary to bilateral knee surgery. A urine drug screen dated 09/16/2013 revealed inconsistent results with low dose of hydrocodone and norhydrocodone. The request for authorization for medical treatment for the urine drug screen was dated 12/16/2013. The provider's rationale for the drug screen was that the previous drug screen had low dose results for hydrocodone and norhydrocodone. Previous treatments for the injured worker included braces, surgery, and orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN AT NEXT APPOINTMENT FOR MEDICATION COMPLIANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (CRITERIA FOR USE) Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing.

Decision rationale: The California MTUS Guidelines recommend as an option using a urine drug screen to assess for the use of or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Per the Official Disability Guidelines, patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The documentation reported a low dose of hydrocodone; however, there was a lack of documentation regarding the injured worker's use of hydrocodone that would indicate an abnormal report. A urine drug screen dated in 09/2013 reported only those medications that were prescribed for the injured worker. There was a lack of documentation regarding any previous aberrant discrepancies in the injured worker's medication usage. The injured worker is considered low risk and as such, the Guidelines recommend yearly urine screens and the documentation reports a urine screen done in 09/2013. Therefore, the request for a urine drug screen at next appointment for medication compliance is not medically necessary.