

Case Number:	CM14-0015880		
Date Assigned:	03/05/2014	Date of Injury:	10/28/2010
Decision Date:	12/23/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 Family Practice 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:

63 year old female claimant sustained a work injury on 10/27/10 involving both knees. She was diagnosed with bilateral knee strain. She had been treated with oral opioids and NSAIDs for pain relief. She had undergone home exercise therapy. An MRI of the right knee in 2011 showed medial compartment arthritis and a large joint effusion. A progress not on 10/25/13 indicated the claimant had continued knee pain with limited range of motion. She had been on Celebrex, Percocet and Ambien. A urine analysis on 10/28/13 did not detect any medications. The claimant remained on Percocet and NSAID in December 2013 and another urine test was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 12/3/13) FOR 1 CHROMATOGRAPHY, QUANTITATIVE URINE TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 82-92.

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's no documentation from the provider to suggest that there was illicit drug use or noncompliance. Although the prior drug screen did not detect the medications prescribed, the physician had continued the medications and noted any concerns of drug behavior deviation. Based on the above references and clinical history a urine toxicology screen is not medically necessary.