

Case Number:	CM14-0114410		
Date Assigned:	08/11/2014	Date of Injury:	07/25/2007
Decision Date:	09/11/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 and 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 55 year-old male with the date of injury of 07/25/2007. The patient presents with pain in his left knee, ankle, and foot, which prevents him from being out of bed. His left knee often swells up with a popping sensation. The range of left knee motion is slightly restricted. The patient uses a brace for his left ankle, as well as for his left knee. He uses a cane. According to [REDACTED] report on 06/13/2014, diagnostic impressions are, 1).Left ankle sprain, 2).Left knee sprain, 3).Depression, 4).Weight gain, 5).Insomnia, 6).Sexual insufficiency 7).History of fall due to instability of the left knee, 8).Left inguinal strain compensatory 9).Right knee sprain (compensatory mechanism). [REDACTED] requested for toxicology exam. The utilization review determination being challenged is dated on 07/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/20/2013 to 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology exam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioids, steps to avoid misuse/addiction Page(s): 43,77.

Decision rationale: The patient presents with pain and weakness in his left knee, ankle, and foot. The request is for toxicology exam. MTUS guidelines Recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. The treating physician reports do not contain any information regarding the patient's pain medications except stating Tramadol 50mg. The treating physician does not indicate why urine toxicology screening is being requested at this time. There are no reports that specifically discuss this request. According to utilization review letter on 07/02/2014, the patient underwent urine drug screen on 04/22/2014 and 02/25/2014. Without an explanation as to why urine toxicology screening is needed again, what pain medications the patient is taking, or how the patient is doing therefore this request is not medically necessary.