

Case Number:	CM14-0120483		
Date Assigned:	08/06/2014	Date of Injury:	10/20/2008
Decision Date:	10/06/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/30/2014

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 Occupational 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 a 67-year-old female who has submitted a claim for right and left knee pain with internal derangement and possible lumbar diskogenic pain/possible bilateral lumbar facet pain/possible lumbar sprain/strain associated with an industrial injury date of October 20, 2008. Medical records from 2014 were reviewed, which showed that the patient complained of bilateral knee and low back pain. Examination of the lower back showed tenderness at the midline, bilateral paravertebral muscle and bilateral lumbar facets. Examination of the right knee showed mild tenderness over the medial aspect. Examination of the left knee showed tenderness over the medial aspect and painful movements. Treatment to date has included surgery, analgesic medications including opioids, acupuncture, topical creams and intra-articular steroid injection. Utilization review from July 14, 2014 denied the request for One urine drug screening test because there was no evidence noted of aberrant behavior and the patient was prescribed a stable dose of controlled medication that is not considered a higher dose. The CURES report also did not demonstrate any controlled medications over the last 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screening (UDS) test.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, tools for risk stratification and monitoring, Urine Drug Testing

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to detect opioid misuse/addiction. According to the ODG guidelines, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. High risk of addiction and aberrant behavior includes minimal objective findings are documented to explain pain. Symptom magnification can be noted. Patients with suicidal risks or poorly controlled depression may be at higher risk for intentional overdose when prescribed opioids for chronic pain. In this case, the patient had a recent comprehensive drug panel dated 5/30/2014. There is no evidence of an aberrant behavior that may predispose the patient to drug abuse. The patient also does not have any psychiatric morbidity. Therefore, the request for One urine drug screening test at this time is not medically necessary.