

Case Number:	CM14-0122676		
Date Assigned:	08/06/2014	Date of Injury:	07/05/2009
Decision Date:	09/17/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/03/2014

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:

This patient is a 32 year old male employee with date of injury of 7/5/2009. A review of the medical records indicate that the patient is undergoing treatment for derangement of posterior horn of medial meniscus; chondromalacia of patella; derangement of anterior horn of lateral meniscus. Subjective complaints (5/30/2014) include pain (10/10 w/o medication, 9/10 w medication) in the right knee radiating to hamstring. Objective findings (5/30/2014) include full range of motion to right knee, positive tenderness to palpation anterior patellar tendon, and positive crepitus with right knee flexion and extension. Treatment for knee pain has included Tramadol 50mg 1/day, NSAIDS (not specified), Naproxen (unspecified dosage) and Tylenol with Codeine with limited success (5/30/2014); range of motion exercises (3/28/2014). Treating physician does not indicate abnormal consumption of medications or concerns of abuse, misuse, or diversion leading up to the 5/30/2014 urine drug screening. The utilization review dated 7/28/2014 non-certified the request for RETRO: DOS 05/30/14 Drug Screen due to lack of sufficient documentation to support the drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: DOS 05/30/14 Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43,74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that "use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids is initiated." Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: - "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-"high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. The treating physician provides no insight to the results or interpretation of prior urine drug screening. The treating physician also provides no rationale for request for urine drug screening (initial, interval, random, etc.), which is important to understanding the need for a urine drug screening. As such, the current Retrospective Request for Drug Screen (DOS 05/30/14) is not medically necessary.