MAXIMUS Federal Services

Case Number:	CM14-0124953		
Date Assigned:	08/11/2014	Date of Injury:	02/19/2004
Decision Date:	09/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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 Texas and Georgia. 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 67-year-old male who reported catching his right foot on the floor while sliding on 02/19/2004. On 07/02/2014, his diagnoses included degenerative joint disease of the right knee. The report notes that this worker self medicated with aspirin and uses ice on his right knee to relieve some of his pain. The note further stated that his pain level varied throughout the day depending on his activities. He had difficulty sleeping and was awakened with pain and discomfort. The only other mention of medication in this report was that icing and heating pads and pain medication provided him temporary pain relief. He occasionally wore a knee brace. There was no rationale or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for urine drug screen is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use including the documentation of pain relief, functional status, appropriate medication use, and side effects. Aberrant drug taking behaviors

are generally indicated by urine drug screens with results consistent to the medications being taken. There was no mention of any opioid medications in the documentation that was submitted for review. The clinical information submitted failed to meet the evidence based guidelines for urine drug screen. Therefore, this request for urine drug screen is non-certified.