

Case Number:	CM14-0129308		
Date Assigned:	08/15/2014	Date of Injury:	12/28/2010
Decision Date:	09/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesia, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 48-year-old who sustained an injury on December 28, 2010 when he twisted his left knee while walking down a flight of stairs. The injured worker was followed for multiple complaints including left knee and ankle pain neck pain and low back pain. Prior treatment included chiropractic therapy and hot and cold therapy unit. The injured worker also received electro shockwave therapy for the left ankle knee and foot. The injured worker received multiple solution medications containing proprietary ingredients including ranitidine diphenhydramine gabapentin tramadol and cyclobenzaprine. The injured worker was seen on June 2, 2014 with continuing complaints of neck pain low back pain bilateral shoulders and bilateral knees. At this visit medications included oral in solution medications with proprietary ingredients. No oral controlled substances including narcotics were noted. Physical examination noted tenderness in the cervical spine and lumbar spine with loss of range of motion. There was tenderness in bilateral knees and shoulders with 1+ effusion at the bilateral knees. There was loss of range of motion in both knees and shoulders. Urine drug screen test was ordered at this visit. The requested retrospective urine drug screen analysis on 06/02/14 was denied by utilization review on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis toxicological evaluation, provided on June 2, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: In regards to the retrospective urine drug screen analysis on June 2, 2014 this reviewer would not have recommended this request as medically appropriate. In review of the clinical documentation submitted for review the injured worker was not being prescribed any controlled narcotics on oral basis. The injured worker was utilizing proprietary in solution tramadol. Clinical documentation submitted for review did not provide any indication of substantial risk factors for medication use such as abuse or diversion. No risks risk assessments were available for review. Given the lack of any prescribed controlled narcotics or indications for concerns for or any information of concerns for medication diversion or abuse the urine drug screen testing on June 2, 2014 would not be consistent with guideline recommendations and would not have been recommended as medically appropriate. Therefore, the request for urine analysis toxicological evaluation, provided on June 2, 2014, is not medically necessary or appropriate.