MAXIMUS Federal Services

Case Number:	CM14-0153265		
Date Assigned:	09/23/2014	Date of Injury:	01/02/2013
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal 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 injured worker is a 40 year old male who sustained a cumulative trauma of bilateral knees on 01/02/2013. Prior medication history included Tramadol 50mg and Ibuprofen 200mg. Toxicology screen dated 08/05/2014 detected Tramadol. Progress report dated 08/06/2014 states the injured worker "complained of continued pain that is aggravating in bilateral knees, right greater than left." The right side he rated as 8/10 and the left side he rated as 6/10. Objective findings on exam revealed cracking and clicking sensation on palpation and tenderness of the medial joint line as well as inferior pole of the patella. The left side revealed slight stiffness on the medial joint line. He has positive patellofemoral grind test on the right side. He has been diagnosed with bilateral knee pain and has been recommended for a urine toxicology screening as the injured worker is taking a narcotic. He was given a prescription for Tramadol 50 mg for inflammation and pain.Prior utilization review dated 09/05/2014 states the request for "Urine toxicology screening is not certified as medical necessity has not been established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

Decision rationale: The guidelines recommend urine drug screening to screen for substance abuse or monitoring of patients on chronic opioid therapy. In general, screening on a yearly basis is sufficient for patients on chronic opioid therapy at low risk for abuse. The clinical notes did not discuss the injured worker's history of aberrant behavior or risk for substance abuse. From the documents provided it appears the injured worker has had a drug screen within the past year with findings consistent with the medication profile. It is not clear why a repeat UDS is necessary at this time that is sooner than the recommended guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for a Urine Toxicology Screening is not medically necessary.