

Case Number:	CM14-0169385		
Date Assigned:	10/17/2014	Date of Injury:	03/07/2011
Decision Date:	11/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 claimant presents with knee pain following a work related injury on 03/07/2011. On 03/06/2014, the claimant complained of intermittent aching, dull sharp stabbing and throbbing, knee pain. X-ray of the right knee showed degenerative changes. MRI of the knee showed body and posterior horn of the medial meniscus, small parameniscal cyst abetting the anterior horn of the medial meniscus, small to moderate joint effusion and degenerative change most prominent to the medial tibiofemoral compartment. MRI of the left knee showed tear of the posterior horn and body of the medial meniscus with involvement of the anterior horn and adjacent cyst. The cyst appears to extend along the periphery of the joint in a more linear configuration, distal ACL (anterior cruciate ligament) partial tear versus high-grade sprain, several fibers appear intact and clinical correlation for ACL instability, tricompartmental degenerative changes most prominent to the medial tibiofemoral compartment. The physical exam showed difficulty standing, limited range of motion of the bilateral knees, tenderness to palpation of the joint line bilaterally, painful patellar compression test. According to the medical records the claimant is a permanent and stationary. The claimant's medications included Norco and Azor. The claimant was diagnosed with degenerative joint of the bilateral knees. A claim was placed for a UDS (urine drug screen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Management, Urine Drug Screen

Decision rationale: Urine Drug Screen is medically necessary. Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients' at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) The claimant is on Norco and if his last urine drug screen was greater than four months prior then another test is recommended to assess his use of the medication; therefore the requested services is medically necessary.