

Case Number:	CM14-0176225		
Date Assigned:	10/29/2014	Date of Injury:	01/22/2013
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 Emergency 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 62 year-old female, who sustained an injury on January 22, 2013. The mechanism of injury occurred when she slipped on an icy walkway. Diagnostics have included: August 18, 2014 drug screen reported as positive for hydrocodone; July 14, 2014 drug screen reported as positive for hydromorphone. Treatments have included: right knee surgery, medications, physical therapy. The current diagnoses are: lumbar discogenic disease, right knee pain s/p surgical repair. The stated purpose of the request for Retrospective UDS (DOS: 8/1//14) was not noted. The request for Retrospective UDS (DOS: 8/1//14) was denied on October 20, 2014, noting that the injured worker is no prescribed higher dose controlled medications and a prior test was performed within the last 30 days. Per the report dated August 18, 2014, the treating physician noted complaints of right knee pain s/p meniscectomy and debridement. Exam findings included diffuse pain and crepitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective UDS (DOS: 8/18/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

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

Decision rationale: The requested Retrospective Urine Drug Screen (UDS) (DOS: 8/1//14), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. The injured worker has right knee pain s/p meniscectomy and debridement. The treating physician has documented diffuse pain and crepitus. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the medical necessity for an additional drug screening within 30 days of a previous screening. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Retrospective UDS (DOS: 8/1//14) is not medically necessary.