

Case Number:	CM14-0177420		
Date Assigned:	10/30/2014	Date of Injury:	01/24/2000
Decision Date:	12/08/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery 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:

This is a 52 year old male with a 1/24/2000 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 9/11/14 noted subjective complaints of right knee pain. Objective findings included right knee stiffness, swelling, and limited range of motion. A progress report dated 9/26/14 noted current medications to include Norco and Orphenadrine. Diagnostic Impression: Chondromalacia of patella, medial meniscus tear s/p right knee arthroscopy. Treatment to date: right knee surgery and medication management. A UR decision dated 10/2/14 denied the request for urine toxicology screen. There is no evidence of chronic opiate use or recent prescription of opioid medication for the management of pre or post-operative right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug testing , Urine testing in ongoing opiate management Page(s): 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The records clearly reflect that the patient is on chronic opioid therapy for his knee condition. Guidelines recommend the routine use of urine drug screening for patients on chronic opioids as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Therefore, the request for urine toxicology screen is medically necessary.