

Case Number:	CM14-0181275		
Date Assigned:	11/06/2014	Date of Injury:	01/18/2011
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 18, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; unspecified amounts of physical therapy over the course of the claim; a cane; and extensive periods of time off of work. In a Utilization Review Report dated October 24, 2014, the claims administrator retrospectively denied a urine drug screen performed on September 17, 2014. Said drug screen apparently included quantitative testing of Carisoprodol and quantitative testing of methadone. The drug testing of September 17, 2014, was reviewed and did include testing of approximately seven different benzodiazepines metabolites and 10 different opioid metabolites. In an August 6, 2014 progress note, it was acknowledged that the applicant was not working. The applicant was using a cane to move about. The applicant was using Norvasc, Aspirin, Benazepril, Metformin, Norco, Pravachol, and Tramadol, it was stated. A visibly antalgic gait was appreciated. The applicant was kept off of work, on total temporary disability while home physical therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 09/17/14 outpatient drug screen (1 assay of cocaine, 1 creatinine, other source, 1 dihydrocodeinone, 1 dihydromorphinone, 2 carisoprodol quantitation, and 2 quantitation of methadone): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter Urine Drug Testing

Decision rationale: No, the urine drug testing performed on September 13, 2014 to include cocaine acetate, creatinine, dihydrocodeine testing, dihydromorphine testing, two Carisoprodol quantitative test, and two methadone quantitative tests was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS do not establish specifically parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter, however, quantitative and/or confirmatory testing is typically not recommended outside of the emergency department overdose context. Here, quantitative and confirmatory testing was, however, performed in an outpatient setting. ODG further stipulates that an attending provider clearly state what drug tests and/or drug panels he is testing for and why and, furthermore, attempt to conform to the best practices of the United States Department of Transportation. Here, the multiple tests for various and sundry opioid metabolites such as dihydrocodeine, dihydromorphine, etc., did not conform to the best practices of the United States Department of Transportation. It was not clearly stated when the applicant was tested. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.