

Case Number:	CM14-0185749		
Date Assigned:	11/13/2014	Date of Injury:	10/20/2008
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Practice 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 case involves a 67 year old female claimant sustained a work injury on 10/20/08 involving the knees and low back. She was diagnosed with internal derangement of the right knee, left knee and lumbar disk disease. She had undergone Supartz injections of the knees. She had been on non-steroidal anti-inflammatory drugs (NSAIDs) and Opioids in the past for pain. A Urine drug screen in May 2014 was consistent with medications prescribed. There was no history of drug abuse or addiction. A progress note on 10/13/14 indicated the injured worker had an unremarkable urine drug screen the month prior. A subsequent request was made in November 2014 for another urine drug screen. The injured worker was on Ultram and Anaprox at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (amitriptyline, amphetamine or methamphetamine, barbiturates, benzodiazepines, cocaine or metabolite, desipramine, doxepin, flurazepam, imipramine, methadone, nicotine, nortriptyline, opiate(s), oxcarbazepine, phencyclidine (pcp)): 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references, lack of use of the above medications and clinical history, a urine toxicology screen is not medically necessary.