

Case Number:	CM14-0021257		
Date Assigned:	06/11/2014	Date of Injury:	07/29/2009
Decision Date:	07/14/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 61-year-old male who reported an injury on 07/29/2009. The mechanism of injury was not provided. The clinical note dated 08/29/2013 noted the injured worker presented with complaints of lumbar spine pain, myospasm, and weakness with loss of range of motion. Upon examination, there was painful range of motion of the lumbar spine and right knee, pain upon palpation, muscle spasm to the lumbar spine and knees, edema and swelling to the right knee, and sensory loss in the lower extremities. There were also trigger points in the lumbar spine and knees, positive orthopedic tests of the lumbar spine and knee, and a positive MRI imaging of the lumbar spine. The diagnoses were status post right knee surgery, stress, myofascitis, gait abnormality, pain in the lumbar spine, pain in the knees, bilateral knee internal derangement, lumbar spine disc syndrome, and lumbar spine radiculitis. Prior treatment included therapy, home exercise, and medications. The provider recommended a retrospective 10/01/2013 chromatography quantitative urine test. The provider's rationale was not provided. The request for authorization form was dated 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHROMATOGRAPHY QUANTITATIVE URINE TEST (DOS: 10/01/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, differentiation : dependence & addiction.

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

Decision rationale: The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and other screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. There is also no evidence of opioid use. As such, the request for retrospective Chromatography Quantitative Urine test (DOS: 10/01/2013) is not medically necessary and appropriate.