

Case Number:	CM14-0026480		
Date Assigned:	06/13/2014	Date of Injury:	02/27/2012
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/03/2014

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 Health 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 bilateral knee pain and muscle spasms reportedly associated with an industrial injury of February 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; a TENS unit; topical agents; unspecified amounts of chiropractic manipulative therapy; and reported return to regular work as a mechanic. In a Utilization Review Report dated February 13, 2014, the claims administrator denied a request for a 12-panel drug screen apparently performed on January 24, 2014, stating that the applicant had had earlier drug testing on December 16, 2013. The applicant's attorney subsequently appealed. In an earlier note of August 27, 2013, the attending provider stated that the applicant had persistent knee pain. The applicant apparently had had earlier drug testing on June 28, 2013 which was negative and reportedly consistent with prescribed medications. The remainder of the file was surveyed. The applicant apparently underwent drug testing on December 16, 2013 which was reportedly negative for all 12 drugs on the panel. Drug testing was later performed on January 24, 2014. On this occasion, testing was negative for 11 of 12 items on the panel and positive for marijuana. A progress note of the same date, January 24, 2014, is notable for comments that the applicant was given prescriptions for tramadol, Prilosec, and ketoprofen cream. The applicant was apparently in the process of finding an orthopedic knee surgeon. It was stated that urine drug testing was being performed to identify substance abuse, among other things.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST DOS 1/24/14 FOR URINE DRUG SCREENING:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 397, testing for use of illicit drugs can be considered if the presentation is suggestive. In this case, the attending provider seeming stated that he was concerned about possible diversion of medications in his progress note of January 25, 2014. The attending provider's concerns were apparently borne out by the drug testing of the same date, which was positive for marijuana, an illicit substance. Therefore, the drug testing of January 24, 2014 was medically necessary.