

Case Number:	CM14-0029636		
Date Assigned:	06/20/2014	Date of Injury:	10/12/2010
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 59-year-old male who initially presented with left knee pain. A clinical note dated 11/26/13 indicated the initial injury occurred on 10/12/10 when he struck the left knee while stacking boxes. A clinical note dated 09/28/12 indicated the injured worker complaining of left knee pain. The injured worker stated the pain was affecting his sleep hygiene. The injured worker had 5-/5 strength throughout the left knee. The injured worker was prescribed Vicodin for ongoing pain relief. The urine drug screen on 05/29/13 indicated the injured worker had been compliant with the prescribed drug regimen. The injured worker also described an injury when he struck a van door. A clinical note dated 12/12/13 indicated the injured worker utilizing Vicodin and Mobic for pain relief. A clinical note dated 02/13/14 indicated the injured worker continuing with Mobic and Vicodin for pain relief at the left knee. A clinical note dated 04/10/14 indicated the injured worker continuing with opioid therapy including Norco and Mobic. Urine drug screen on 04/10/14 indicated the injured worker showing positive findings for marijuana use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen Quantity: 1: Overturned

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

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

Decision rationale: The request for urine drug screen is recommended. The clinical documentation indicates the injured worker being prescribed opioid therapy. The injured worker has shown positive findings for the use of a THC test. Given the ongoing opioid use to address left knee complaints and the non-compliance confirmed by previous studies regarding the use of illicit drugs the continued use of urine drug screens is indicated. Therefore, this request is reasonable and is medically necessary based on Chronic Pain Medical Treatment Guidelines.