MAXIMUS Federal Services

Case Number:	CM14-0031925		
Date Assigned:	06/20/2014	Date of Injury:	04/18/2013
Decision Date:	08/13/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Interventional Spine 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 patient is a 41 year old male with date of injury 4/18/13. The treating physician report dated 1/7/14 indicates that the patient presents with chief complaint of left knee pain an dysfunction following a work related activity. MRI dated 7/23/13 showed partial thickness tear of the ACL. The current diagnoses are: Left knee anterior cruciate ligament partial thickness tear and Left knee contusion. The utilization review report dated 2/28/14 denied the request for Chromatography based on the rationale that there was not current information for determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHROMATOGRAPHY QUANTITATIVE: Upheld

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

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

Decision rationale: The patient presents for evaluation of chronic left knee pain. The current request is for chromatography Quantitative. The treating physician report dated 1/14/14 does not

show that any opiates have been prescribed. There is a line struck through Cyclobenzaprine, Hydrocodone, Naproxen and Tramadol with 0 refills noted. The patient is prescribed Omeprazole, Flurbiprofen cream and Ultra-flex cream. The MTUS Guidelines states, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." However, this is for opiates use and monitoring and this patient is not currently prescribed any opiates. There would be no reason for a drug screening since opiate is not being prescribed. Recommendation is for denial.