

Case Number:	CM14-0035692		
Date Assigned:	06/23/2014	Date of Injury:	03/20/2012
Decision Date:	07/31/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 Medicine, 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 37 year-old male with date of injury of 3/20/12. The most recent medical document associated with the request for authorization, a primary treating physician's progress report, dated 6/3/14, lists subjective complaints as persistent pain in the low back and knees, bilaterally. The patient claims the use of medications has reduced his pain from an 8/10 to a 6-7/10. Examination of the lumbar spine revealed tenderness to palpation over the spinous processes from L1-L5 and bilateral paravertebral muscles. There was decreased range of motion with pain. Examination of the bilateral knees revealed tenderness to palpation over the anterior aspect and medial joint line. McMurray's test was positive. Diagnoses include lumbar spine herniated nucleus pulposus, status post right knee meniscal repair, left knee partial posterior cruciate ligament tear, and right ankle tendinitis. A laboratory report dated 10/21/13 indicated that a urine specimen was collected on 9/16/13. The patient tested positive for hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative performed Date of service 10/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Pain Procedure (Urine Drug Testing).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Urine drug screen and quantification of hydrocodone by chromatography is not medically necessary.