

Case Number:	CM14-0037652		
Date Assigned:	06/25/2014	Date of Injury:	06/06/2013
Decision Date:	12/04/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/28/2014

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 Rehabilitation & Pain Management 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 53-year-old female with a date of injury of 06/06/2013. The listed diagnoses per [REDACTED] are: 1. Right knee internal derangement. 2. Right knee lateral meniscus tear. 3. Right knee medial meniscus tear. 4. Status post left knee arthroscopy by [REDACTED] on 08/19/2013. According to progress report 10/07/2013, the patient presents with constant bilateral knee pain. The pain is associated with weakness and swelling. Examination of the left knee revealed tenderness over the medial and lateral joint lines. McMurray's test with external and internal rotation was positive. The patient has not reached maximal medical improvement. Treatment plan included authorization for right knee arthroscopy with possible lateral medial meniscectomy and continuation of physical therapy. This is the only progress report provided for review. Request for authorization from 02/13/2014 requests a urine drug screen. Utilization review denied the request on 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)-TWC Pain Procedure Summary Urine Drug testing(UDT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

Decision rationale: This patient presents with continued left knee complaints. The medical file provided for review includes one progress report from 10/07/2013. This report does not discuss current medication regimen. Request for authorization from 02/13/2014 requested "drug screening." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines under its Pain chapter provide clearer recommendation. It recommends Urine Drug Screen once yearly following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The medical file provided for review provides no list of current medication regimen or any indication the patient is taking opioid to consider a urine drug screen. Therefore, the request is not medically necessary.