

Case Number:	CM14-0040224		
Date Assigned:	06/27/2014	Date of Injury:	09/21/2010
Decision Date:	08/11/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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:

Injured worker is a male with date of injury 9/21/2010. Per pain management progress report and request for authorization dated 2/4/2014, the injured worker complains of dull and aching pain in both knees, more on the left side. The pain is rated at 8/10 on VAS without medications and a 7/10 with medications. He also complains of loss of sleep due to pain. On examination he is noted to be in mild distress due to pain. Palpation reveals tenderness on the medial and lateral knee joint lines of both knees, more on the left side. Patellar tracking is painful in both knees. Crepitation is noted in the patellofemoral joints. There is decreased bilateral knee range of motion due to end range knee pain. Diagnoses include 1) knee internal derangement. 2) knee joint effusion. 3) knee joint sprain/strain. 4) status post right knee surgery of 12/8/2012 5) insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section, page(s) 43, 112 Page(s): 43, 112.

Decision rationale: The claims administrator did not certify the request for urine drug screen because the request for opioid pain medication was denied. The use of urine drug screening is supported by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. There have been no aberrant drug behaviors documented, and the requesting physician has not addressed any concerns of abuse or diversion. Medical necessity for urine drug testing has not been established by the requesting provider. The request for Urine Drug Screen is not medically necessary.