

Case Number:	CM14-0057104		
Date Assigned:	07/09/2014	Date of Injury:	05/04/2011
Decision Date:	08/12/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 56 year old male with an injury date of 05/04/11. Based on the 03/25/14 progress report provided by [REDACTED], the patient complains of right knee pain and stiffness. He has restricted flexion of his right shoulder as well as a positive O'Brien's and drop arm test. There is tenderness noted over the SI joint of the hip. Regarding the right knee, there is tenderness to palpation over the iliotibial-tibial band, medial joint line and patella. His diagnoses include the following: Internal derangement of knee not otherwise specified (right) Joint derangement not elsewhere classified of shoulder (right) Rotator cuff disorders not elsewhere classified (right) Encounter for therapeutic drug monitoring Encounter for long-term use of other medications [REDACTED] is requesting for a retro urine toxicology screening DOS 10/28/13. The utilization review determination being challenged is dated 04/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/30/13- 03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine Toxicology Screening DOS: 10/28/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen.

Decision rationale: According to the 03/25/14 report by [REDACTED], the patient presents with right knee pain and stiffness. The request is for a retro urine toxicology screening DOS 10/28/13 to monitor, document, and ensure patient compliance with the use of schedule III and schedule II prescription medications that can be habit forming, abused, and/or diverted. The 10/28/13 report states that the patient is taking Norco 10-325 mg tablet once every 6-8 hours as needed for pain. "Patient shows no evidence of developing medication dependency. No medication abuse is suspected." While MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risks opiate users, ODG Guidelines provides a clearer guideline for low risk opiate users. It recommends once yearly urine drug screen following initial screening within the first six months for management of chronic opiate use. There is no indication that the patient has already had a urine toxicology screen; therefore, this urine toxicology screening is within ODG guidelines. Recommendation is medically necessary.