

Case Number:	CM14-0075897		
Date Assigned:	09/05/2014	Date of Injury:	02/18/2008
Decision Date:	10/02/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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 Pain 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 39 year old male who sustained an industrial injury on 2/18/2008. Mechanism of injury is not documented. He has remote history of right knee medial meniscectomy (prior to 2010). He is diagnosed with right knee internal derangement status post right knee arthroscopy. UDS dated 2/5/2014 shows inconsistent with prescribed therapy, Hydrocodone detected, but not reported as prescribed. The patient was seen for follow-up with PTP, [REDACTED] on 2/5/2014. He had an injection to the right knee on his last visit, which caused a bit of aggravated pain for about 2 weeks. Pain has reduced bit still higher than before the injection. He has pain and difficulty with running, squatting and kneeling. He is working and may continue to do so. He complains of moderate constant aching right knee pain that increases with running, squatting and kneeling. Pain is rated 7-8/10, improved with rest. ROS is negative, except for present musculoskeletal issue. Objective examination shows the patient has normal gait. There is a right upper extremity splint in place du to separate industrial injury being treated by another doctor. Right knee examination shows posterior tenderness to the infra-patellar tendon, no weakness, pain with extension against resistance, full ROM, no effusion or laxity, 2+ DTRs, negative McMurray's and positive pivot shift maneuver. No medications were provided this visit. He is working modified duties and may continue. UDS dated 4/6/2014 shows none detected, consistent with no medications reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Qualitative Quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-91.

Decision rationale: According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the treating physician has not documented any aberrant or suspicions drug seeking behavior. According to the 4/6/2014 medical report, no medications have been prescribed. Furthermore, UDS was previously performed February 2014. The medical records do not indicate that the results of these prior UDS results have been discussed or used to help direct course of care. The medical records do not provide a clinical rationale for obtaining another UDS. The medical necessity for any components of toxicology UDS, Chromatography, Qualitative is not established. The request is not medically necessary.

Opiate Drug analysis Quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, indicators for addiction, Page(s): 87-91.

Decision rationale: According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the treating physician has not documented any aberrant or suspicions drug seeking behavior. According to the 4/6/2014 medical report, no medications have been prescribed. Furthermore, UDS was previously performed February 2014. The medical records do not indicate that the results of these prior UDS results have been discussed or used to help direct course of care. The medical records do not provide a clinical rationale for obtaining another UDS. The medical necessity for any components of toxicology UDS, including Opiate Drug analysis has not been established. The request is not medically necessary.

Creatinine analysis Quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-91.

Decision rationale: According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the treating physician has not documented any aberrant or suspicions drug seeking behavior. According to the 4/6/2014 medical report, no medications have been prescribed. Furthermore, UDS was previously performed February 2014. The medical records do not indicate that the results of these prior UDS results have been discussed or used to help direct course of care. The medical records do not provide a clinical rationale for obtaining another UDS. The medical necessity for any components of toxicology UDS, including Creatinine analysis has not been established. The request is not medically necessary.

Urinalysis Quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, indicators for addiction Page(s): 87-91..

Decision rationale: According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the treating physician has not documented any aberrant or suspicions drug seeking behavior. According to the 4/6/2014 medical report, no medications have been prescribed. Furthermore, UDS was previously performed February 2014. The medical records do not indicate that the results of these prior UDS results have been discussed or used to help direct course of care. The medical records do not provide a clinical rationale for obtaining another UDS. The medical necessity for any components of toxicology UDS, including urinalysis, has not been established. The request is not medically necessary.