

Case Number:	CM14-0077312		
Date Assigned:	07/18/2014	Date of Injury:	06/27/2002
Decision Date:	09/10/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Practice 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:

This 45 year old male claimant sustained a work injury on 7/21/09 involving the low back and knees. He was diagnosed with bilateral knee derangement, lumbar discopathy and chronic right hip pain. He had undergone bilateral knee arthroscopy in 2010. He was occasionally using Hydrocodone and muscle relaxants for pain relief. An examination on 4/3/14 indicated he had a normal gait and was well appearing. There was tenderness in the hips and low back with reduced range of motion. Knees had patellar grinding. A urine toxicology screen was obtained to determine drug compliance. A urine screen was previously ordered in January and November 2013 without indication of aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of urinalysis for DOS 04/03/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary last updated 04/10/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Urine Toxicology and pg 83-91 Page(s): 83-91.

Decision rationale: According to the MTUS Chronic Pain Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity.