

Case Number:	CM14-0089517		
Date Assigned:	09/19/2014	Date of Injury:	05/06/2010
Decision Date:	10/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 injured worker is a 33-year-old female who reported an injury on 05/06/2010 after participating in controlled tactics training. The injured worker reportedly sustained an injury to her right knee. The injured worker's treatment history included knee surgery, postoperative physical therapy, acupuncture, multiple medications, a home exercise program, and epidural steroid injections. The injured worker was evaluated on 05/07/2014. It was documented that the injured worker had continued bilateral knee pain. The injured worker's medications included occasional over the counter Aleve for pain and glucosamine for joint health and osteoarthritis. The injured worker's clinical evaluation included reported pain levels of 1/10 without the use of medication. It was also noted that the injured worker had mildly tender to palpation paraspinal musculature with reduced range of motion. The injured worker underwent a urine drug screen on 05/07/2014 that did not provide any indication that the injured worker was using any type of illicit drugs or unreported medications. A request was made for quarterly random drug screening. A Request for Authorization dated 05/23/2014 was submitted to support the request. The injured worker's most recent clinical evaluation was on 08/14/2014. It was documented that the injured worker had undergone an epidural steroid injection and had continued pain relief. It was noted that the injured worker continued to use over the counter Aleve versus Advil on an as needed basis for acute pain and glucosamine for joint health and osteoarthritis. The injured worker's pain level was 2/10 at that appointment. The injured worker's physical findings included restricted range of motion secondary to pain with diffuse myofascial tenderness from the L1 to the S1, negative twitch responses. It was indicated in that note that the injured worker's psychotropic and opioid medications were reviewed. However, a treatment history of these types of medications was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screening (4x per year, one each quarter): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The MTUS Chronic Pain Guidelines recommends urine drug screening for patients who are suspected of aberrant behavior or need regular monitoring due to chronic opioid usage. The clinical documentation submitted for review does not provide any evidence that the injured worker has ever exhibited any type of symptoms consistent with illicit drug use. There is no documentation that the injured worker is being treated with chronic opioid management. Therefore, the need for random urine drug screening is not supported in this clinical situation. As such, the requested random urine drug screening 4 times per year, 1 each quarter is not medically necessary or appropriate.