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| Case Number: | CM14-0136263 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 01/12/2012 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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:

This individual is a 39 y/o male who developed bilateral knee problems subsequent to a fall on 1/12/12. He has also subsequently developed complaints of pain involving his upper spine. He has been treated with right knee arthroscopic surgery with little success. Bilateral knee surgery has been recommended due to the MRI findings of meniscus damage, ACL injury and chondral defects. He is episodically prescribed Tramadol and there is no documentation of misuse or aberrant behaviors. He has been drug tested at least 5 times in the past year. No evidence for the misuse of prescriptions use of illegal substances was found in the drug tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRUG SCREENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: MTUS Guidelines supports drug screening if long-term opioids are considered or are being provided on a chronic basis. ODG Guidelines provide additional details

recommending that testing frequency be determined by risk factors if chronic opioids are given. This patient does not meet Guideline criteria for drug screening. There is no evidence of daily chronic opioid use in the medical records. Therefore the drug testing is not medically necessary.