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| Case Number: | CM14-0165555 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 03/05/2014 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 62 year old individual with an injury date of 3/5/2014. The mechanism of injury is not known. The pain is generalized in the lower back, both knees, both wrists and both hands. Bilateral total knee arthroplasties were performed. Surgery dates are not known. The pain levels are 3-4/10 and go up to 5/10 with prolonged sitting and standing. The current medications include advil, ambien, prednisone with significant improvement, and xanax. The rationale for the requested urine toxicology screen is not given. There is no history of use of illegal drugs or aberrant behavior reported. The request for the urine drug screen was non-certified by UR for lack of additional requested information with regard to prior opioid use, and the number of urine drug screens used in the past with results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 77-80, 94.

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

Decision rationale: Chronic Pain guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or presence of illegal drugs, and as a part of opioid pain treatment agreement. The documentation does not indicate aberrant behavior or suspicion of use of illegal drugs. The degree of pain reported and the type of pain does not warrant the use of opioids as a first line drug for pain control. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.