

Case Number:	CM14-0197872		
Date Assigned:	12/05/2014	Date of Injury:	03/24/2008
Decision Date:	01/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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 injured worker is a 48-year-old male who reported an injury on 03/24/2008. The mechanism of injury was indicated as being crushed against a wall. His diagnoses included tear of the medial cartilage or meniscus of the knee, fracture of other tarsal and metatarsal bones, superior glenoid labrum lesion. His past treatments included physical therapy, TENS unit, and medications. His diagnostic studies included an MRI performed on 01/28/2009 showing a 1 mm to 2 mm posterior disc bulge, and a nocturnal polysomnogram on 07/17/2014, and CPAP titration on 09/16/2014. The injured worker's past surgeries included placement of a percutaneous electrical nerve stimulator on 09/24/2014 and a left shoulder arthroscopy on 07/30/2013. On 12/22/2014, the patient presented for a follow-up examination of his left knee and indicated that he had continued to have pain to the shoulder and ankle. Upon physical assessment, he was noted to have mid tenderness and limping with ambulation to the left knee as well as to the left ankle with no changes since his last office visit. There was a review of the x-rays which showed no increased osteoarthritis of his left shoulder, left knee, left foot and ankle. His medications included (as of 09/18/2014) Tramadol, Percocet, and Soma. His treatment plan had included authorization to proceed with arthroscopy of the left knee and request for a urine toxicology screen with the rationale to check for the efficacy of medications. The Request for Authorization form was not submitted for review.

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 Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for urine toxicology screen is not medically necessary. The California MTUS Guidelines indicate for ongoing management of opioids, there should be an ongoing review and documentation of pain relief, functional status, and appropriate medication use and side effects, with an assessment including current pain level with the least reported pain over a period since the last assessment with an average pain intensity of pain after taking the opioid and how long it takes for pain relief. A urine drug screen is also recommended for inpatient treatment with issues of abuse, addiction, or poor pain control. There is no indication of a prior drug test being administered, or current medication use. As such, the request for urine toxicology screen is not medically necessary.