

Case Number:	CM14-0198181		
Date Assigned:	12/08/2014	Date of Injury:	10/08/2008
Decision Date:	01/20/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine and Rehabilitation 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 55 year-old patient sustained an injury to the thoracic/lumbar spine and right wrist/thumb/hand on 10/8/08 from lifting a table while employed by [REDACTED] District. The patient is s/p right thumb pulley repair (undated); s/p right elbow surgery on 2/26/13; and left CTS and left finger release surgery on 11/12/14. Conservative care has included medications, therapy, and modified activities/rest. Medications list Neurontin, Norco, Mobic, and Skelaxin. Report of 9/9/14 from the provider noted the patient with right knee pain and swelling unchanged from last visit. Exam showed patient walking with limp and cane; not wearing brace; trace knee effusion with swelling throughout fat pad; medial joint line and quadriceps tendon tenderness; limited range of 0-105 degrees; stable ligaments; and without any motor or sensory neurological deficits. Treatment included additional PT, Synvisc, and UDS. Request(s) under consideration include URINE DRUG SCREEN. The request(s) for URINE DRUG SCREEN was non-certified on 10/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

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

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2008 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The URINE DRUG SCREEN is not medically necessary and appropriate.