

Case Number:	CM14-0199543		
Date Assigned:	12/09/2014	Date of Injury:	01/01/2009
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/28/2014

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 patient is a 56-year old male with original date of injury in 2006 and second injury date of 1/1/09. The treating physician report dated 12/18/14 (306) indicates that the patient complains of mid tenderness, limited range of motion and limping ambulation to the bilateral knees. X-rays were taken of the bilateral knees and bilateral tibia show no increase of osteoarthritis. Prior treatment history includes right knee arthroscopy 2/06; post-operative physical therapy, left knee arthroscopy 03/09; post-operative physical therapy, and right knee arthroplasty 10/14. The current diagnoses are: -Osteoarthritis, lower leg -Pain in joint, lower leg The utilization review report dated 11/18/14 denied the request for Urine toxicology screen between 11/10/14 and 11/10/14 and the request for Urine toxicology screen between 11/10/14 and 01/13/14 based on MTUS Chronic Pain Medical Treatment Guidelines, Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen between 11/10/14 and 11/10/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The treating physician report dated 12/18/14 (306) indicates that the patient complains of mid tenderness, limited range of motion and limping ambulation to the bilateral knees. The current request is for Urine toxicology screen between 11/10/14 and 11/10/14. The treating physician report dated 11/10/14 (299) prescribed the patient Percocet 10/325mg # 60, which was certified on 11/18/14. Percocet is an opioid used for the management of pain. ODG states "Urine drug test is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered." The ODG guidelines go on to state that the frequency of urine drug testing should be based on risk stratification. In this case, the patient has started a new opioid, possibly adding to the previous treatment plan including Norco or possibly replacing Norco, the medical records do not indicate which. Previous urine toxicology screenings were completed on 6/10/14 and again on 9/19/14, both of which evidenced results consistent with prescribed medications. A third test was indicated in the medical records as having taking place on 11/10/14, to which this IMR seeks approval, but the results are unknown. The documentation provided does not discuss if the patient is at low risk (1 time yearly), medium risk (2-3 times yearly) or high risk (up to monthly) for addiction/aberrant behavior. Without appropriate risk stratification, the current request is not medically necessary.

Urine toxicology screen between 11/10/14 and 01/13/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The treating physician report dated 12/18/14 (306) indicates that the patient complains of mid tenderness, limited range of motion and limping ambulation to the bilateral knees. The current request is for Urine toxicology screen between 11/10/14 and 01/13/14. The treating physician report dated 11/10/14 (299) prescribed the patient Percocet 10/325mg # 60 which was certified on 11/18/14. Percocet is an opioid used for the management of pain. ODG states that the "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." In this case the treating physician has not documented the patients risk stratification, which would dictate the patients risk level and in turn the frequency with which testing should be done. The Urine toxicology screen between 11/10/14 and 01/13/14 is not medically necessary.