

Case Number:	CM14-0204757		
Date Assigned:	12/17/2014	Date of Injury:	11/11/2003
Decision Date:	02/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal 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:

The injured worker (IW) is a 63-year-old man with a date of injury of . The mechanism of injury occurred when he pulled on a frame that slipped from his hands. He tried to brace it and landed on his right leg, pulling him down. He sustained injury to his right neck, shoulder and back. He has had previous right knee surgery as well as right shoulder surgery and left knee replacement. The injured worker's working diagnoses are status post two right shoulder surgeries, the last one done in 2009; right knee DJD, severe; right knee chondromalacia patella; status post right knee surgery in 2006; right knee medial meniscus tear and lateral meniscus tear and diminutive ACL; and right shoulder subacromial bursitis and impingement. Pursuant to a progress note dated October 24, 2014, the IW complains of right knee pain. Examination of the right knee reveals range of motion is 1-120 degrees. Painful patellofemoral crepitus was noted throughout, but no patellar instability. The IW is taking Vicodin for pain. According to documentation, a urine drug screen (UDS) dated 9/23/14 was positive for Hydrocodone and negative for illegal drugs, which was consistent. In the progress note dated October 24, 2014, the treating physician in his treatment plan requested a urine toxicology screen for the injured worker's ongoing medical management. The current request is for prospective request for (1) urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official disability guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, prospective request urine drug screen is not medically necessary. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The tests should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is considered a low-risk, intermediate or high risk for drug misuse or abuse. Patients at low risk should be tested within six months of initiation of therapy and on a yearly basis thereafter. Urine drug screens are indicated to avoid misuse of opiates for patients at high risk of abuse. In this case, the injured worker's working diagnoses are status post to right shoulder surgery; right knee generative joint disease; status post right knee surgery in 2006; right knee medial meniscus tear and lateral meniscus tear and diminutive ACL; and right shoulder subacromial bursitis and impingement. The documentation indicates the injured worker had a urine drug toxicology screen September 23, 2014 it was positive for opiates and consistent with medications being taken. The documentation does not contain a risk assessment indicating the injured worker is at high risk of drug misuse or abuse. The UDS from September 23, 2014 was unremarkable. There was no evidence of drug misuse or abuse. In a progress note dated October 24, 2014 the treating physician, in his treatment plan, requested a urine toxicology screen for the patient's ongoing medical management. There is no clinical indication or rationale to repeat a urine drug toxicology screen. Consequently, absent a clinical indication to repeat urine drug screen, prospective request urine drug screen is not medically necessary.