MAXIMUS Federal Services

Case Number:	CM15-0008905		
Date Assigned:	01/26/2015	Date of Injury:	01/24/2013
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 female injured worker suffered and industrial injury on 1/24/2013. The diagnoses were right ankle rupture of the lateral ligament, internal derangement right ankle, strain/sprain left and right knee internal derangement, and sprain/strain lumbar spine with herniated disc with radiculopathy. The diagnostics were left knee and right ankle magnetic resonance imaging, and electromyography. The treatments were left knee arthroscopy 9/21/2013 and right ankle reconstruction 11/22/2014 along with medications. The treating provider reported pain in the left knee and right ankle with reduced range of motion and tenderness to the ankle. The Utilization Review Determination on 12/15/2014 non-certified retrospective request chromatography quantitative, citing MTUS Chronic Pain 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:

Chromatography Quantitative (DOS 12-5-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Pain, urine drug testing

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used it there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient had urine drug testing in July, August, and October of 2014. In this case there is no documentation that the patient has exhibited addiction/aberrant behavior. Urine drug testing is not indicated until October 2015. The request should not be authorized.