

Case Number:	CM15-0101080		
Date Assigned:	06/03/2015	Date of Injury:	05/04/2012
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 35 year old male who sustained an industrial injury to his left knee on 05/04/2012 when a grinder exploded and struck the medial aspect of the knee. The injured worker was diagnosed with lacerations and left non-displaced patellar fracture. The injured worker is status post traumatic arthrotomy, incision and drainage with primary closure that day. Treatment to date includes diagnostic testing, surgery, physical therapy, steroid injections and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker continues to experience left knee pain. The injured worker rates his pain level at 8/10 without medications and 3-4/10 with medications. Examination of the left knee noted no effusion with decreased range of motion and decreased sensation to the left thigh otherwise intact elsewhere. Motor strength was 4/5 of the left knee extensors and flexors. He has an antalgic gait. Current medications are listed as Naproxen, Omeprazole and Tramadol ER. Treatment plan consists of conservative measures, medication regimen and the current request for a high complexity qualitative urine drug screen by immunoassay method.

IMR ISSUES, DECISIONS AND RATIONALES

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

High complexity qualitative urine drug screen by immunoassay method: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. High complexity qualitative urine drug screen by immunoassay method is not medically necessary.