

Case Number:	CM15-0101906		
Date Assigned:	06/04/2015	Date of Injury:	02/24/2000
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 64 year old male who sustained an industrial injury on 2/24/00. The injured worker was diagnosed as having pain in joint involving lower leg, osteoarthritis, cervicgia and long-term use of medications. Currently, the injured worker was with complaints of bilateral knee pain. Previous treatments included status post total knee replacement and medication management and activity modification. The injured workers pain level was noted as 3/10. Physical examination was notable for decreased range of motion. The plan of care was for an active/medicated specimen collection kit. The medication list includes Vicodin and Terocin. The patient's surgical history includes knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Active/Medicated Specimen Collection Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring: page 70.

Decision rationale: ACTIVE Medicated Specimen Collection Kit provides materials needed for urinalysis testing in patients who are suffering from urinary retention. The kit includes the following: 1 Furosemide 20mg tablet, 3 benzalkonium chloride towelettes, 1 sterile urine collection cup w/ temperature strip, 1 specimen bag. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medication list contains vicodin. It is medically appropriate to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. However, the need of a kit for simple collection of urine is not established. Any evidence of urinary retention was not specified in the records provided. The rationale for Active/Medicated Specimen Collection Kit was not specified in the records provided. Active/Medicated Specimen Collection Kit is not medically necessary in this patient at this time.