

Case Number:	CM15-0105058		
Date Assigned:	07/20/2015	Date of Injury:	04/05/2013
Decision Date:	08/18/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	06/01/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old male who sustained an industrial injury on 4/5/2013 resulting in right ankle pain, right knee pain and swelling, upper and lower back pain, and bilateral upper and lower extremity pain. He was diagnosed with cervical strain or sprain; lumbar strain or sprain with radiculopathy; right knee sprain or strain with internal derangement and osteoarthritis; difficulty sleeping. Treatment has included acupuncture with report of minimal improvement; physical therapy; chiropractic treatment; TENS unit; BioniCare knee treatment; knee bracing; and, multiple pain medications. The injured worker continues to present with back and right knee pain. The treating physician's plan of care includes urine drug screen. He is presently not working. Documentation indicates a urine drug screen was performed on 4/21/2015. Prior reviews determined that ongoing opioid therapy was not appropriate for this IW. Therefore a repeat urine drug screen was noncertified on 5/8/2015. This is now appealed to an IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screens Page(s): 89, 94. Decision based on Non-MTUS Citation ODG: Section: Pain. Topic: Criteria for use of urine drug testing.

Decision rationale: Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover corroboration of prescribed substances. The indications for urine drug testing are at the onset of treatment, and based upon documented evidence of risk stratification. Patients at low risk of addiction should be tested within 6 months of initiation of therapy and on a yearly basis. Patients at moderate risk should be tested 2-3 times a year. Patients at high risk may be tested monthly. In this case previous reviews determined that ongoing opioid therapy was not appropriate for this patient. The documentation submitted indicates a prior urine drug test was carried out on 4/21/2015. As such, additional testing is not supported and the medical necessity of the request has not been substantiated.