MAXIMUS Federal Services

Case Number:	CM15-0109646		
Date Assigned:	06/16/2015	Date of Injury:	07/27/2014
Decision Date:	07/14/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/07/2015

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: Internal 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(n) 54 year old female, who sustained an industrial injury on 7/27/14. She reported pain in her bilateral knees and lower back. The injured worker was diagnosed as having bilateral meniscus tears, internal derangement of the bilateral knees and bilateral sacroiliac joint sprain. Treatment to date has included a bilateral knee MRI and physical therapy. A urine drug screen from 12/9/14 showed no drugs detected. There was no medication list provided for review and no documentation of previous drug abuse by the injured worker. As of the PR2 dated 5/14/15, the injured worker reports 7-8/10 pain in the bilateral knees. She has been seen by an orthopedist who recommended bilateral knee surgery. Objective findings include a positive McMurray's test on the right. The treating physician requested a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screening (5/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43.Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The primary treating physician's progress report dated 5/14/15 did not document opioid prescription. Without documentation of opioid prescription, the request a urine drug screen is not supported by MTUS guidelines. Therefore, the request for urine drug screen is not medically necessary.