

Case Number:	CM15-0019531		
Date Assigned:	02/09/2015	Date of Injury:	03/09/2009
Decision Date:	04/03/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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: Physical Medicine & Rehabilitation

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 42-year-old male who reported an injury on 03/09/2009. The mechanism of injury was not provided. He is diagnosed with bilateral knee osteoarthopathy. His past treatments were noted to include right knee arthroscopic surgery, participation in a weight loss program, use of a TENS unit, and medications. The injured worker underwent a urine drug screen on 10/17/2014 for medication management. The toxicology report showed negative for all substances. However, the corresponding clinical note also indicated that he was taking hydrocodone only as needed for breakthrough pain. At his follow-up visit on 12/01/2014, the injured worker reported continued bilateral knee pain. His medications included hydrocodone to be used as needed for breakthrough pain, naproxen, pantoprazole, and cyclobenzaprine. It was noted that the results of his most recent toxicology screen were reviewed and the findings were consistent. The physical examination revealed decreased range of motion of the bilateral knees and spasm of the bilateral calf musculature. The treatment plan included medication refills and the injured worker underwent a urine toxicology screen for medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Urine toxicology screen (12/1/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing monitoring of opioid therapy should include documentation confirming appropriate medication use, which may include periodic urine drug screening. The injured worker was noted to be using hydrocodone as needed for breakthrough pain. His most recent urine drug screen was performed on 10/17/2014 and was noted to be negative for all substances. However, the 12/01/2014 note indicated that this was a consistent result. However, the documentation did not address why a repeat urine toxicology screen was recommended 2 months after his prior consistent result, as there was no documentation of suspicion for abuse or aberrant behavior. In addition, as the injured worker was noted to be taking the medication only on an as needed basis, it is unclear why continued frequent urine drug screening is being recommended. For these reasons, the request is not medically necessary.