

Case Number:	CM15-0138459		
Date Assigned:	07/28/2015	Date of Injury:	10/10/2014
Decision Date:	08/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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, Florida, 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 40 year old male who sustained an industrial/work injury on 10/10/14. He reported an initial complaint of right knee pain. The injured worker was diagnosed as having s/p right knee arthroscopy, partial lateral meniscectomy. Treatment to date includes medication, surgery (right total knee arthroscopy and anterior cruciate ligament repair), and therapy. Currently, the injured worker complained of right knee pain rated 8/10. Per the primary physician's report (PR-2) on 6/29/15, exam revealed right knee extension at 10 degrees, flexion at 100 degrees, and tenderness about the patella. Current plan of care included completion of physical therapy, home exercise program, refill medication, and diagnostic testing. The requested treatments include urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127.

Decision rationale: This claimant was injured in 2014 and is status post a right knee arthroscopy and a partial lateral meniscectomy. Currently, there is right knee pain rated 8/10. As of June 2015, the exam revealed right knee extension at 10 degrees, flexion at 100 degrees, and tenderness about the patella. No atypical drug behaviors were noted in the records. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the clinical need for this drug test. The request is not medically necessary under MTUS criteria.