

Case Number:	CM15-0145129		
Date Assigned:	08/06/2015	Date of Injury:	10/23/2013
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 54 year old male, who sustained an industrial injury on 10-23-2013. He reported twisting his knee while lifting a cart. The injured worker was diagnosed as having meniscal tear and status post surgery, left knee. Treatment to date has included diagnostics, left knee surgery (2-04-2015), and medications. Currently, the injured worker complains of left knee pain radiating to the left leg, with weakness and cramping. Exam of the left knee noted a well healing wound with no signs of infection. There was tenderness to palpation of the anterior and posterior knee and Apley's compression caused pain. Medication use included Norco. Work status was modified with restrictions. The treatment plan included continued urine toxicology monitoring while medications were prescribed, no less frequently than monthly. Prior urine testing was noted on 5-20-2015. Urine toxicology from 2-25-2015 and 4-08-2015 noted that prescribed medications were not detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology (Urine Drug Screening monitoring to continue while medications are prescribed no less frequently than monthly): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/addiction, Opioids, criteria for use Page(s): 43, 94, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine drug testing.

Decision rationale: The MTUS guidelines recommend use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. To avoid misuse/addiction the MTUS guidelines recommend frequent random urine toxicology screens to those at high risk of abuse. In this case, the medical records note that the injured worker is being prescribed Norco. However, despite multiple frequent urine drug screens, there is no indication that the results of the urine drug screens have been discussed with the injured worker. According to ODG, patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The medical records do not establish the injured worker as an individual with active substance abuse disorder. The request for Urine Toxicology (Urine Drug Screening monitoring to continue while medications are prescribed no less frequently than monthly) is not medically necessary and appropriate.