

Case Number:	CM15-0162778		
Date Assigned:	08/31/2015	Date of Injury:	12/12/2003
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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: Arizona, 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 62 year old male, who sustained an industrial injury on December 12, 2003. The injured worker was diagnosed as having lumbar sprain-strain, right knee sprain-strain, lumbar degenerative disc disease, sprain-strain of left knee and status post bilateral knee arthroscopy. Currently, the injured worker complains of bilateral knee pain and rates his right knee pain a 6 on a 10-point scale and his left knee pain a 5 on a 10-point scale. He reports using four Norco 10/325 mg tablets per day for pain control. The injured worker has been using Norco for pain control since at least August 6, 2012 with urine drug screening on January 26, 2015, November 3, 2014 and August 6, 2012. A urine drug screen on August 4, 2015 revealed results consistent with the injured worker's medication regimen. Treatment to date has included opioid medications, home exercise program, bilateral knee arthroscopy, and diagnostic imaging. A request for urine drug screen to be performed on the next visit for medication compliance was received on August 5, 2015. The Utilization Review physician determined that urine drug screen to be performed on the next visit for medication compliance was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen to be performed on The Next Visit for Medication Compliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.