

Case Number:	CM15-0168685		
Date Assigned:	09/09/2015	Date of Injury:	09/19/2013
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 46 year old male, who sustained an industrial injury, September 19, 2013. The injury was sustained when the injured worker loss her balance and fell while standing on a curb. According to progress note of May 22, 2015, the injured worker's chief complaint was left knee pain which traveled into the left leg. The injured worker rated the pain 5 out of 10 without medication. The pain had remained unchanged. The pain level changed with the weather. The injured worker was having trouble sleeping due to the night pain. The injured worker did not recall the current medication he was taking. The physical exam noted tenderness at the left knee. The Pivot shift test and Lachman's test were positive on the left knee. The injured worker was diagnosed with left knee sprain and or strain and rule out left knee internal derangement. The injured worker previously received the following treatments analgesic topical cream, physical therapy and orthopedic surgical consultation. The RFA (request for authorization) dated May 22, 2015 which included the following treatment for a urine drug screen. The UR (utilization review board) denied certification on July 28, 2015; according to the documentation reviewed the injured worker was using a topical cream and no other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. There is no documentation on the previous medications. Therefore, the request for Urine drug screen is not medically necessary.