

Case Number:	CM15-0169410		
Date Assigned:	09/10/2015	Date of Injury:	08/02/2010
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
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: 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 54 year old female, who sustained an industrial injury on 08-02-2010. She has reported injury to the bilateral knees and low back. The diagnoses have included right knee pain, status post arthroscopy for meniscus tear; low back pain, rule out radiculopathy; lumbar sprain-strain; left knee pain; and left heel pain. Treatment to date has included medications, diagnostics, heat, knee support, knee injection, lumbar epidural injections, physical therapy, and surgical intervention. Medications have included medicated creams, as per an agreed medical evaluation report, dated 01-27-2015. A progress report from the treating physician, dated 08-13-2015, documented an evaluation with the injured worker. The injured worker reported constant pain in the medial right knee; pain increases with standing, driving, and stairs; the pain is worse; having pain in the entire left knee and heel from over-use; low back pain, which increases with bending, with spasm and numbness to leg and foot and big toe; and he is not in therapy. Objective findings included right knee tenderness at the medial aspect; left knee much less; low-back tenderness at the spinous processes; straight leg raising test is negative bilaterally; and sensation is decreased at the right thigh, leg, and dorsum of foot. The treatment plan has included the request for urinalysis test for toxicology. The original utilization review, dated 08-18-2015, non-certified a request for urinalysis test for toxicology, due to no documentation as to whether or not the current medication regimen consists of an opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis test for toxicology: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Urine Drug Screen.

Decision rationale: The 54 year old patient complains of lower back pain, bilateral knee pain, and left ankle pain, as per progress report dated 07/01/15. The request is for urinalysis test for toxicology. There is no RFA for this case, and the patient's date of injury is 08/02/10. The patient is status post right knee arthroscopy for meniscal tear, as per progress report dated 08/13/15. Diagnoses, as per progress report dated 07/01/15, included lumbar sprain/strain, right knee internal derangement, left knee sprain/strain, and left ankle sprain/strain. The patient is using topical compound creams for pain relief. The patient is off work, as per progress report dated 08/13/15. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain Chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." In this case, the progress reports are handwritten and difficult to decipher. The request for UDS is noted in progress report dated 08/13/15. Multiple UDS reports dated 05/04/15, 04/08/15, 02/12/15, 01/15/15, 12/01/14 and 11/03/14 are available for review. None of the tests detected any medications, except UDS report dated 02/02/15, which documents the presence of Lorazepam. A review of the reports indicated that the patient is only taking topical compounded creams for pain relief. There is no indication that the patient is on opioid therapy. The treating physician does not discuss the patient's opioid dependence risk either. MTUS only supports UDS in patients taking opioid medications. Hence, the request IS NOT medically necessary.