MAXIMUS Federal Services

Case Number:	CM15-0190704		
Date Assigned:	10/05/2015	Date of Injury:	03/21/2014
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This 40 year old male sustained an industrial injury on 3-21-15. Documentation indicated that the injured worker was receiving treatment for a right knee medial meniscus tear. Previous treatment included right knee arthroscopy and partial medial meniscectomy (4-3-15), physical therapy, acupuncture and medications. Urine toxicology screening dated 4-15-15 was consistent with prescribed medications. In a PR-2 dated 7-10-15, the injured worker complained of intermittent right knee pain, rated 6 out of 10 on the visual analog scale. The physician documented that the injured worker still took Norco on an as needed basis when his knee was aggravated with prolonged walking and activities at work. The treatment plan included a 30 day trial of a transcutaneous electrical nerve stimulator unit, a prescription for Keratek gel and urine toxicology for the next visit. In a PR-2 dated 7-21-15, the injured worker complained of intermittent but improving right knee pain, rated 6 out of 10 on the visual analog scale. The injured worker was working and had completed 12 out of 12 sessions of postoperative physical therapy. The treatment plan included continuing Norco, a prescription for Keratek gel and urine toxicology screening for the next visit. On 8-31-15, Utilization Review noncertified a request for retrospective urine toxicology screen (DOS 7-10-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Urine toxicology screen DOS 7/10/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page 43 of 127. In this case, previous drug testing was recently done and was negative. 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 need for this drug test. The request is appropriately non-certified under MTUS criteria.