

Case Number:	CM15-0201507		
Date Assigned:	10/16/2015	Date of Injury:	05/18/2013
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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, North Carolina 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 31 year old male, who sustained an industrial injury on 05-18-2013. A review of the medical records indicates that the worker is undergoing treatment for right knee pain, right anterior cruciate ligament tear, status post repair and right medial meniscus tear, status post repair. Subjective complaints (06-04-2015, 07-10-2015 and 08-11-2015) included continued right knee pain, which was 8 out of 10 without pain medication and 3-4 out of 10 with medication. Objective findings (06-04-2015, 07-10-2015 and 08-11-2015) included tenderness of the medial joint line of the right knee and positive McMurray's test of the right knee. The physician noted that the worker was doing well on Norco and was able to do activities of daily living including yard work, laundry, vacuuming and taking care of his child. The physician noted on the 06-04-2015 office visit, the urine toxicology testing done on 4-9-2015 (results included) was negative for Norco and positive for O-desmethyltramadol, which was noted to be consistent with the worker's account that he ran out of Norco and had been taking leftover Tramadol. The physician noted that the worker did not exhibit aberrant behavior. The physician indicated on 07-10-2015 that urine toxicology testing was done on 5-7-2015 (results included) and was consistent with pain medication that was prescribed. Repeat urine toxicology testing was done on 7-10-2015 (results included) but was noted to be negative for opioids because he ran out of pain medication. The injured worker was noted to not exhibit aberrant behavior. Treatment has included Norco, physical therapy and surgery. A utilization review dated 10-02-2015 non-certified a request for retrospective high complexity qualitative urine drug screen by immunoassay method x 9 with alcohol testing any method other than breath x 1 (dos of 7-10-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective high complexity qualitative urine drug screen by immunoassay method x 9 with alcohol testing any method other than breath x 1 (dos of 7/10/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: CA MTUS Guidelines state that drug testing is recommended as an option to assess for the use of presence of illegal drugs. ODG states that, "There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results." The documentation submitted shows that this patient is prescribed Norco on a chronic basis and that he has had a urine drug screen (UDS) on 05/07/2015 and 07/09/2015, which were both consistent with his prescribed pain medications. No evidence of aberrant behavior was noted. Therefore, a repeat UDS is not medically necessary or appropriate.