

Case Number:	CM15-0206009		
Date Assigned:	10/22/2015	Date of Injury:	07/19/2012
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 65 year old male sustained an industrial injury on 7-19-12. Documentation indicated that the injured worker was receiving treatment for a left knee injury. The injured worker underwent left total knee replacement on 8-27-13. Recent treatment consisted of follow-up evaluations every two months. In a pain management progress note dated 8-10-15, the physician stated that the injured worker's knee pain had been stable for the last two months. The injured worker was working full time on regular duty. Physical exam was remarkable for left knee extension 180 degrees and flexion 110 degrees with no pain on motion. The injured worker was alert and oriented with normal memory. The injured worker had a mildly antalgic gait with normal strength and "fine" motor control. Current medications included Metformin, cholesterol lower medication and Tylenol. The physician noted that Tylenol was the injured worker's only pain medication and that he took it rarely. The injured worker was "not even taking Ibuprofen anymore" and was not seeking any medications. The physician stated that he was putting a request for authorization for a urine drug screen because "this should be done at least every six months on all patients" and because the injured worker had pain management clinic and "substance abuse is a common appearance in pain management clinic". The treatment plan included a urine drug screen and follow up in eight weeks. On 10-6-15, Utilization Review noncertified a request for a urine drug screen scheduled for next appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: 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): Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, dealing with misuse & addiction, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests).

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing knee pain. The worker was not prescribed any restricted medications. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a urine drug screen is not medically necessary.