

Case Number:	CM15-0209465		
Date Assigned:	10/28/2015	Date of Injury:	10/23/2012
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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: Emergency 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 is a 43-year-old male, who sustained an industrial injury on 10-23-12. The injured worker was diagnosed as having chronic cervical sprain-strain; lumbar spondylosis with annular disc tears and facet arthropathy-symptomatic; left knee meniscal injury-symptomatic; status post umbilical hernia repair; chronic pain syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-25-15 indicated the injured worker returns to the office for follow-up visit complaining of low back pain radiating into bilateral lower extremities and left knee pain. The request for lumbar epidural steroid injection and left knee arthroscopy was denied. On physical examination, the provider notes: Lumbar spine is tender to palpation. His range of motion is limited secondary to pain. Left knee is diffusely tender to palpation along with crepitus. There is positive McMurray and positive right straight leg raise. A Urine Drug Screening was done on this date and the injured worker is negative for all medications, which is consistent with his current drug regimen. The treatment plan included prescribing Naprosyn, Prilosec and continues Tramadol. A PR-2 notes dated 7-14-15 indicate the injured worker returns to the office for follow-up visit complaining of low back pain and left knee pain. The injured worker received an injection into the left knee, which only gave him a few days relief. The orthopedic surgeon recommended a left total knee replacement, however this was denied. He has also received a denial for a lumbar epidural steroid injection. He is taking medications as needed at this time to help with his pain. The provider reviews an MRI of the left knee revealing "3A abnormality in the posterior horn of the medial meniscus representing an oblique tear, large patellofemoral joint space effusion. Mild

thickening of lateral collateral ligament compatible with inflammatory change." A Urine Drug Screening was performed on this date and reports the injured worker is negative for all medications, which is consistent with his current drug regimen. The treatment plan included prescribing Naprosyn, Prilosec and continues Tramadol. A PR-2 dated 5-20-15 notes indicated the injured worker was prescribed Naprosyn 500mg, Prilosec 20mg, Tramadol 50mg and Tizanidine 4mg. The provider notes the "patient continues with significant pain complaints primarily involving the lumbar spine and left knee. The provider notes the injured worker has evidence of facet arthropathy and multilevel lumbar annular tears by MRI imaging. Medications are minimally effective. He has been authorized for an orthopedic consultation." The provider on this dated was requesting a Qualitative Urine Drug Test Administered and Quantitative Test ordered. He is requesting four urine drug screens over the course of treatment. A Request for Authorization is dated 10-23-15. A Utilization Review letter is dated 10-12-15 and non-certification for Retrospective 2 urine drug screens. A request for authorization has been received for Retrospective 2 urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 2 urine drug screens: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (Chronic), Urine Drug Testing.

Decision rationale: The requested Retrospective 2 urine drug screens, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic), Urine Drug Testing, notes that claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker has evidence of facet arthropathy and multilevel lumbar annular tears by MRI imaging. Medications are minimally effective. He has been authorized for an orthopedic consultation. The provider on this dated was requesting a Qualitative Urine Drug Test Administered and Quantitative Test ordered. He is requesting four urine drug screens over the course of treatment. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at "moderate risk", and the treating physician has not documented the medical necessity for drug screen frequency in excess of this amount. The criteria noted above not having been met, Retrospective 2 urine drug screens are not medically necessary.