MAXIMUS Federal Services

Case Number:	CM15-0024839		
Date Assigned:	02/17/2015	Date of Injury:	06/24/2009
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old male who sustained an industrial injury to his left knee as a mechanic on June 24, 2009. A magnetic resonance imaging (MRI) at the time of injury demonstrated tricompartmental degenerative arthritic changes and a lateral meniscus tear of the left knee. The injured worker underwent left arthroscopic meniscectomy (no date documented). Because of ongoing pain to the left knee, a magnetic resonance imaging (MRI) was performed in 2010 demonstrating tricompartmental cartilaginous damage with complete anterior cruciate ligament tear. No further surgical interventions were discussed. A lumbar magnetic resonance imaging (MRI) showed discogenic disease at L4-L5 with annular bulge and significant facet disease at L4-L5 and L5-S1 bilateral. According to the primary treating physician's progress report on November 4, 2014, the injured worker continues to experience bilateral knee pain and low back pain with radiation to the right leg. On examination the injured worker walks with a severe peg leg walk with pain in both knees. The right knee had popping and catching with a positive McMurray's and Lachman test. Reflexes were markedly decreased in the knees with noted weakness of the bilateral lower extremities. Current medications listed were Naproxen, Omeprazole and Tramadol. Current treatment modalities were not documented. The injured worker is on temporary total disability (TTD).The treating physician requested authorization for Active-medicated specimen collection kit (Urine Dug Testing), (DOS: 12/2/2014).On January 12, 2015 the Utilization Review denied certification for Active-medicated specimen collection kit (Urine Dug Testing), (DOS: 12/2/2014).Citations used in the decision process were the

Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Active-medicated specimen collection kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screen

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, active medicated specimen collection is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are internal disruption of the anterior cruciate ligament; right knee pain with evidence of possible cartilaginous damage; and lumbar discogenic disease with radicular findings. The documentation from her November 4, 2014 progress note states the injured worker's only medications or Tylenol and an occasional Aleve. The injured worker is not interested in taking narcotics or other analgesics. The injured worker had a urine drug test within the last 60 days that was consistent. There was no evidence of any drug related aberrant behavior, drug misuse or abuse. There is no risk assessment in the medical record that would indicate a repeat drug screen is indicated on a monthly or bimonthly basis. The frequency of urine drug testing is determined by what the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. 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 clinical indication and/or rationale for repeating the urine drug screen (sooner). Consequently, absent clinical documentation with a clinical indication and/or clinical rationale to repeat a urine drug screen, active medicated specimen collection is not medically necessary.