

Case Number:	CM15-0025649		
Date Assigned:	02/18/2015	Date of Injury:	03/07/2014
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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 was a female, who sustained an industrial injury, March 7, 2014. The injured worker had right knee arthroscopic surgery on December 16, 2014. The injured worker continues to complain of constant aching in the right knee. The injured worker rated the [pain at 3 out of 10; 0 being no pain and 10 being the worse pain. According to progress note of December 24, 2014, the injured workers chief complaint was right knee pain. The injured worker was diagnosed with right knee torn medical meniscus and status post arthroscopic surgery on December 16, 2014. The injured worker previously received the following treatments physical therapy, right knee surgery on December 16, 2014, manipulation and acupuncture, X-rays, random laboratory studies and medications. December 24, 2014, the primary treating physician requested authorization for a random urine toxicology screening. On January 12, 2015, the Utilization Review denied authorization for random urine toxicology screening. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Toxicology Screen DOS: 1/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

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, retrospective urine toxicology screen date of service January 12, 2015 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 tear of the medial cartilage of meniscus knee; and pain joint lower leg. The last progress note in the medical record is dated December 24, 2014. The treating physician indicated the rationale for the urine toxicology screen was to check the efficacy of medications. The documentation does not contain a list of any medications. The urine drug toxicology screen is recommended as a tool to monitor compliance, identify undisclosed substances and uncover diversion. Efficacy is determined by subsequent follow-up history and physical examination. There is no documentation regarding a follow-up January 12, 2015 urine drug toxicology screen. Consequently, absent clinical documentation with an indication and/or rationale for a urine drug screen January 12, 2015, retrospective urine toxicology screen date of service January 12, 2015 is not medically necessary.