

Case Number:	CM15-0212194		
Date Assigned:	11/02/2015	Date of Injury:	10/31/2014
Decision Date:	12/11/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/28/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 10-31-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left knee sprain with tear of the anterior cruciate ligament (ACL) status post anterior cruciate ligament (ACL) reconstruction on 7-14-2015, gastritis due to medications, and bilateral heel pain. On 9-11-2015, the injured worker reported left knee constant pain rated 5 out of 10. The Primary Treating Physician's report dated 9-11-2015, noted the injured worker status post left knee arthroscopy 7-14-2015, having completed 12 sessions of physical therapy. The physical examination was noted to show the left knee with positive laxity of the anterior cruciate ligament (ACL). Prior treatments have included biofeedback and physical therapy. The treatment plan was noted to include physical therapy for the left knee, a urine drug test, and medications including topical cream and Naprosyn. The injured worker was noted to have received a urine drug screen (UDS) on 2-19-2015 with expected results. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization was noted to have requested a urine drug test. The Utilization Review (UR) dated 10-5-2015, denied the request for a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: Per the guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. A prior drug screen had expected results. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The medical necessity of a urine drug screen is not substantiated in the records.