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| <b>Case Number:</b>   | CM15-0045524 |                              |            |
| <b>Date Assigned:</b> | 03/17/2015   | <b>Date of Injury:</b>       | 06/25/2013 |
| <b>Decision Date:</b> | 04/24/2015   | <b>UR Denial Date:</b>       | 02/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/10/2015 |

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 on 6/25/13. The injured worker reported symptoms in the left wrist and left knee. The injured worker was diagnosed as having left knee meniscal tear status post arthroscopy, left knee synovial disorder, and left wrist sprain rule out ligament tear. Treatments to date have included nonsteroidal anti-inflammatory drugs, physical therapy, status post arthroscopic knee surgery, and activity modification. Currently, the injured worker complains of pain in the left wrist and left knee. The plan of care was for laboratory studies and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUN, Creatinine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

**Decision rationale:** The patient has left wrist pain and left knee pain. The current request is for BUN, Creatinine. The RFA and PR-2, which relates to the above request was not made available for review. The Utilization review indicates that a Comprehensive Metabolic Profile (CMP) was necessary prior to ordering the MRI and was completed. The CMP does include a BUN and Creatinine test. BUN and Creatinine can be indicator of kidney function. This may have been necessary prior to the initiation of contrast therapy. This testing would then be medically necessary prior to the MRI. In this case, the request of BUN and Creatinine are medically necessary and recommendation is for authorization.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 94-95.

**Decision rationale:** The patient has left wrist pain and left knee pain. The current request is for Urine Toxicology screen. The RFA and PR-2, which relates to the above request was not made available for review. However, MTUS and ODG support medical necessity of urine drug screening for opiate drug users. In this case, the patient is not taking opiate medication and is taking Meloxicam and Restoril. Guidelines do not recommend urine toxicology screening for NSAIDs and Benzodiazinpins. Therefore, the medical documentation does not establish medical necessity and as such, recommendation is for denial.