

Case Number:	CM15-0049645		
Date Assigned:	03/23/2015	Date of Injury:	05/13/2011
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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 55 year old female, who sustained an industrial injury on 05/13/2011. She has reported subsequent left knee pain and was diagnosed with tear of the medial cartilage or meniscus of the knee and advanced osteoarthritis of the left knee. Treatment to date has included oral pain medication, Supartz injections and surgery. The injured worker was noted to be taking opioid medication. In a progress note dated 01/26/2015, the injured worker complained of worsening left knee pain. Objective findings were notable for persistent pain to the left knee with stiffness, swelling and limited range of motion as well as a palpable suture granuloma of the left knee with early infection. The physician noted that a urine toxicology screen was checked to check the efficacy of medications. Records show a UR approving Urine Drug screen on 1/7/15. Urine Drug Screen dated 1/26/15 was appropriate. Patient is noted to be on Norco and tramadol chronically for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioid Page(s): 43, 90.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Patient is noted to be on Norco and Tramadol. Patient had an appropriate urine drug screen done a few weeks prior to request. There is no rationale documented for request for another Urine drug screen to be done so soon after a negative one. There is no concern for abuse. Urine Toxicology Screen is not medically necessary.