

Case Number:	CM15-0056993		
Date Assigned:	04/01/2015	Date of Injury:	08/30/2007
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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 66 year old male, who sustained an industrial injury on 8/30/2007. The mechanism of injury was not provided for review. The injured worker was diagnosed as having a right knee meniscectomy in 2008, lumbar stenosis and osteoarthritis of the knee. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 2/24/2015, the injured worker complains of lumbar pain and right knee pain. Pain is 9/10 improving to 6/10 with pain medications. Patient is noted to be OxyIR, Alprazolam, Carvidilol, Glyburide, Lansoprazole and Tacrolimus. The treating physician is requesting serum drug screen 4 times per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Drug Screen, 4 times per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation ODG: Pain (Chronic): Urine Drug Testing (UDT).

Decision rationale: MTUS Chronic pain guidelines have recommendations concerning drug screening. It is an option for patient currently on opioid therapy to monitor compliance and abuse. There is no recommendation by MTUS guideline or Official Disability Guidelines (ODG) to support serum drug testing. The mainstay of drug testing is urine drug screening and other testing modalities are considered secondary. While patient has a kidney transplant but documentation does not state that the patient is anuric. Guidelines also do not recommend urine drug testing 4 times a day except in high risk patients. The provider notes that patient is "high risk" but no documentation concerning why patient is high risk was documented in the provided records. The provider has failed to document rationale for such intense drug screening or what risk of abuse the patient falls under. Review of progress notes documented at least 4 prior and denied requests for this service and progress notes regularly fails to document rationale for persistent request for this test. Serum drug screening 4 times a year is not supported by documentation. Therefore the request is not medically necessary.