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| Case Number: | CM15-0061810 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 09/08/2010 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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 is a 46 year old male, who sustained an industrial injury on 9/08/2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include bilateral knee osteoarthritis, lumbosacral disc degeneration, bilateral knee genu varum, and left shoulder rotator cuff tear. Treatments to date include NSAID, topical analgesic, rest and activity modification. Currently, he complained of continued pain in bilateral knees, lumbar spine, left shoulder and right elbow. On 2/15, the physical examination documented positive impingement sign in left shoulder associated with weakness, bilateral knee tenderness, and lumbar spine tenderness with range of motion. The plan of care included urine toxicology evaluations four times a year, and consult to orthopedics for total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology, Qty: 4 times a year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, UDS.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug toxicology screen four times per year 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. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are shoulder arthralgia; shoulder acromioclavicular joint arthritis; shoulder impingement/bursitis; shoulder sprain/strain rotator cuff; elbow medial epicondylitis; lumbar/lumbosacral disc degeneration; lumbar spondylolisthesis; lumbar spondylosis; knee arthralgia; knee degenerative osteoarthritis; knee genu varum/varus deformity; and abnormal gait. According to a progress note dated January 22, 2015, the injured worker is taking fexofenadine (and allergy medication) and nystatin-triamcinolone ointment. The treatment plan contains a Flector patch and non-steroidal anti-inflammatory drugs. Current medications do not include opiates or other controlled substances. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no clinical indication/rationale in the medical record for urine drug toxicology screens four times per year when the worker is not taking any opiates or other controlled substances in the absence of a risk assessment. Consequently, absent clinical documentation with a current list of medications including opiates and a risk assessment, urine drug toxicology screens four times per year or not medically necessary.