

Case Number:	CM15-0080245		
Date Assigned:	05/01/2015	Date of Injury:	01/07/2014
Decision Date:	06/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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: Preventive Medicine, Occupational 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 55-year-old male, who sustained an industrial injury on January 7, 2014. The injured worker has been treated for neck, back, bilateral shoulders, right elbow and right knee complaints. The diagnoses have included right knee sprain, cervical spine sprain/strain, thoracic spine sprain/strain, right elbow contusion with osteophyte, left elbow sprain/strain, bilateral sciatica and bilateral radicular symptoms. Treatment to date has included medications, radiological studies, knee support, Synvisc injections, Cortisone injection and physical therapy. Current documentation dated March 11, 2015 notes that the injured worker reported low back and intermittent right knee pain. Examination of the lumbar spine revealed tenderness to palpation. No muscle spasms or trigger points were noted. The injured worker's gait was antalgic on the left. Examination of the left knee revealed tenderness, patellar grinding and patellofemoral crepitation with range of motion. Right knee examination revealed tenderness and a decreased range of motion. The treating physician's plan of care included a request for a retrospective comprehensive urine drug screen, date of service March 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Review - Comprehensive UDS (urine drug screen) for DOS 3/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Urine Drug Screens.

Decision rationale: Guidelines supports the rationale use of appropriate level drug testing for individuals that are on long term opioids and/or opioids are going to be initiated. ODG Guidelines provide the necessary details regarding the frequency and type of testing that is medically reasonable. This individual was initiated on Tramadol and Guideline supported testing would be appropriate. However, the provider does not delineate what comprehensive drug testing entails i.e. point of care testing for usual and customary drugs of abuse (10-drug test) or does it entail point of care testing plus secondary testing including quantitative measures. Under these circumstances, Guideline supported testing would be simple point of care urine qualitative testing. Unless the requesting physician provides explicit details regarding the extent of the testing, it is not consistent with Guidelines and is not medically necessary.