

Case Number:	CM15-0085135		
Date Assigned:	05/07/2015	Date of Injury:	03/18/2010
Decision Date:	06/17/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania, Ohio, California
 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 46 year old male injured worker suffered an industrial injury on 03/18/2010. The diagnoses included major depressive disorder, lumbar intervertebral disc disorder with myelopathy, and bilateral knee arthroscopy. The diagnostics included right knee magnetic resonance imaging arthrogram, computerized tomography right knee, lumbar magnetic resonance imaging, electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with opiate medications. On 3/27/2015 the treating provider reported a flare of pain to the lumbar spine and right knee rated 7/10 with numbness and tingling right and left lower extremities. The treatment plan included Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43.

Decision rationale: An initial physician review concluded that since the patient's opioid (Norco) had not been found to be medically necessary, it follows that urine drug testing is not medically necessary. However aberrant behavior can occur before, during, or after issuance of opioid prescriptions. Risk factors requiring drug screening do not end simply because an opioid is denied. Therefore this request is medically necessary.