

Case Number:	CM15-0087095		
Date Assigned:	05/11/2015	Date of Injury:	05/15/2012
Decision Date:	06/16/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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 65 year old female who sustained an industrial injury on 05/15/2012. There was no mechanism of injury documented. The injured worker was diagnosed with cervical spine sprain/strain, right knee repair, and left ankle tendonitis of the medial collateral ligament and fibrocartilage complex triangular ligament tear on the right wrist. The injured worker underwent arthroscopy with medial and lateral meniscectomy, shaving of articular cartilage patellofemoral lateral compartment and synovectomy on December 14, 2013. Treatments rendered were not specifically documented except for the surgical intervention, urine drug screening tests performed and medication. According to the primary treating physician's progress report on December 26, 2014, the injured worker continues to experience pain and stiffness to her neck and right knee. The injured worker also reports depression occurring more frequently. Examination of the cervical spine demonstrated decreased range of motion in all planes with positive foraminal compression and Spurling's tests. Tightness and spasm were noted in the trapezius, sternocleidomastoid and strap muscles bilaterally. Right knee examination demonstrated flexion at 80 degrees and extension at 180 degrees with positive McMurray's test. The medial joint line was tender to palpation and chondromalacia patellar compression test was positive. Current medication is listed as Norco. Treatment plan consists of Norco, psychiatric evaluation and the current request for a quantitative chromatography times 42 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative chromatography times 42 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Drug testing; Urine Drug Testing, Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, quantitative chromatography 42 units are 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 right knee tear, posterior horn of lateral and medial meniscus, right tear of the fibrils of the posterior cruciate ligament, right quadriceps tendinitis; cervical spine sprain/strain; tear of the fibrocartilage complex triangular ligament right wrist; left ankle pain secondary to medial collateral ligament; tendinitis medial collateral ligament; plantar tendon fasciitis; and right knee status post arthroscopy December 14, 2013. The request for authorization is dated March 24, 2015. The most recent progress note in the medical record is dated December 26, 2014 (three months earlier). There is no contemporaneous progress note on or about the date of request for authorization. The documentation shows the injured worker was receiving monthly urine drug toxicology screens (UDS). A UDS was performed October 17, 2014; November 14, 2014; December 26, 2014; January 23, 2015; February 20, 2015; and March 20, 2015. There is no clinical rationale in the medical record for monthly urine drug toxicology screens. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment indicating the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with a clinical indication/rationale for a repeat urine drug toxicology screen with aberrant drug-related behavior, drug misuse or abuse, quantitative chromatography 42 units is not medically necessary.