MAXIMUS Federal Services

Case Number:	CM15-0087592		
Date Assigned:	05/11/2015	Date of Injury:	08/26/2008
Decision Date:	06/23/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on August 26, 2008. She reported low back pain, bilateral knee pain, bilateral hip pain, right ankle pain and right foot pain. The injured worker was diagnosed as having status post right knee medial compartment hemiarthroplasty and patellofemoral arthroplasty, left knee patellofemoral arthralgia and tricompartmental osteoarthritis, bilateral hip sprain and mild osteoarthritis, right ankle sprain status post tibial tendonitis, mortise osteoarthritis and subtalar osteoarthritis, status post extensive debridement, partial synovectomy and osteochondrial drilling, lumbar spine musculoligamentous sprain, strain with grade one spondylolisthesis at lumbar 5-sacral 1 and spondylosis and right foot bunion, osteoarthritis, metatarsophalangeal strain, subluxed sesamoids and bursitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the right knee and ankle, physical therapy, aqua-therapy, medications and work restrictions. Currently, the injured worker complains of low back pain, bilateral knee pain, bilateral hip pain, right ankle pain and right foot pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 4, 2015, revealed continued pain as noted. She was noted to have difficulty with ambulation secondary to right knee and ankle pain. She required medications to remain functional. Evaluation on April 1, 2015, revealed continued pain. She remained temporarily totally disabled. A retrospective request for a urinary drug screen was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 3.2.15) for urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. Upon careful review of the notes provided for review, there was insufficient evidence found therein to suggest this worker required a urine drug screen at the time requested, as there was no documented history of abnormal tests, abnormal behavior, or other signs of misuse of opioids. Therefore, without this supportive evidence/explanation, the urine drug screen will be considered medically unnecessary at this time.