MAXIMUS Federal Services

Case Number:	CM13-0060667		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2009
Decision Date:	06/03/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old who reported an injury on July 25, 2009. The injury reportedly occurred when the injured worker slipped and landed on his left knee. His symptoms included left knee pain rated at 7/10. Range of motion was noted to be limited with extension to 160 degrees and flexion to 90 degrees. Quadriceps muscle strength was noted to be 3/5. The injured worker was noted to have a positive McMurray's sign. The injured worker was noted to have intact light touch and pinprick to all dermatomes tested of both lower extremities. The injured worker was diagnosed with joint pain of the left leg. Past medical treatment included physical therapy and oral medications. Diagnostic studies included an unofficial MRI of the left knee, on an unknown date, which revealed a lateral meniscal tear and a tear of his quadriceps tendon. The Request for Authorization was not provided in the medical records. Therefore, the clinical note from the date of treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing/Opioids, Criteria For Use Page(s): 43 AND 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state drug testing is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines further state ongoing management of patients on opioids include use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The documentation submitted for review indicated the injured worker was using Norco 10/325 for pain. However, the documentation failed to provide a rationale for the need of a urine drug test. The documentation failed to provide evidence of abuse, addiction, or poor pain control with the use of the current pain medication. Therefore, the request is not supported. The request for a urine drug test is not medically necessary or appropriate.