

Case Number:	CM14-0110003		
Date Assigned:	08/01/2014	Date of Injury:	02/11/2014
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal Medicine and is licensed to practice New York. 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 claimant is a 56 year old female who sustained an industrial injury on 02/11/2014. The mechanism of injury was not provided in the medical records submitted for review. Her diagnosis includes left knee pain. There are no physical exam findings reported. An MRI of the left knee demonstrated a re-tear of the posterior horn of the medical meniscus and a tear of the lateral meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk for addiction (tests); Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2013 Page(s): 43.

Decision rationale: There is no specific indication provided for the requested urine toxicology test. Per the reviewed guidelines, "Urine Drug Screens may be appropriate in the clinical settings for various reasons, including but not limited to chronic pain management and addictionology. The test ordered should be focused on detecting the

specific drug(s) of concern. Frequency of testing should be at the lowest level to detect the presence/ absence of drugs of concern bearing in mind the pharmacodynamics for which the drug is being screened." There is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. The requested Urine Drug Screen is not medically necessary.