

Case Number:	CM14-0114989		
Date Assigned:	09/16/2014	Date of Injury:	08/30/2007
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Spinal Cord Medicine, and is licensed to practice in Maryland. 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 has a history of a work injury with date of injury of 08/30/07. He continues to be treated for right knee and low back pain. He also undergoes paracentesis every 7-10 days due to kidney failure. He was seen by the requesting provider on 02/24/14 with right knee and low back pain. There was a pending orthopedic evaluation for his knee. He was requesting an increase in OxyIR. Pain was rated at 7/10. Prior treatments had included a right knee meniscectomy in 2008. Physical examination findings included a minimally antalgic gait and lumbar paraspinal muscle tenderness with increased muscle tone. There was decreased and painful lumbar spine range of motion. Medications included OxyIR 15 mg up to five times per day. OxyIR was increased up to six times per day. The assessment references the claimant has not exhibiting any aberrant drug related behavior or significant side effects. On 05/23/14 authorization for pharmacogenetic testing for opiate metabolism was requested. Pharmacokinetic testing. On 06/20/14 urine drug screening was performed with results consistent with the claimant's prescribed medications. On 07/21/14 the test results were reviewed. He continued out of work. On 08/19/14 he was being treated for sinusitis. He was having ongoing right knee and low back pain. OxyIR was refilled up to five times per day. Authorization for urine drug screening four times per year with confirmation testing was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug toxicology screening (x4 per year): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): p77-78.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for right knee and low back pain. Treatments have included a right knee meniscectomy. Testing has included urine drug screening in June 2014 showing expected results. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening x 4 per year was not medically necessary.