

Case Number:	CM14-0134387		
Date Assigned:	08/27/2014	Date of Injury:	05/04/2012
Decision Date:	09/22/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Medicine and is licensed to practice in Ohio. 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's is 58-year-old male with chronic bilateral knee pain. His diagnosis includes chronic pain syndrome, medial meniscal tear, myalgia, and limp. He underwent a right knee arthroscopy and meniscectomy on June 8, 2012. His physical exam reveals tenderness diffusely of the right knee, positive McMurray's sign and Apley's compression test, and a diminished range of motion. He has persistent pain despite the knee surgery and has required hydrocodone chronically. A urine drug screen done January 29th 2014 was negative for opiates but there does not appear to have been confirmatory testing nor a discussion with the patient subsequently about the test results. It was expected that hydrocodone would have been found in the urine drug screen. Subsequently, urine drug screening was performed 5-18-2014, 6-4-2014, and 7-28-2014. The results of these screens reveal the expected results of finding hydrocodone metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain Section>, <Criteria for Urine Drug Testing>.

Decision rationale: The Official Disability Guidelines recommend urine drug testing to monitor prescription use during the maintenance phase of opioid therapy. The frequency of testing is dependent upon a particular patient's risk factor for abuse/adverse behavior. If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. The frequency of testing for high-risk patients may be as frequently as once monthly. Those at low or medium risk for aberrant behavior may be urine drug tested once yearly and upwards of 2 to 3 times a year respectively. In this instance, the injured worker cannot be classified as high risk because the one instance where hydrocodone was not found in the urine was not verified with a backup test and there was no discussion with the patient regarding the results in the documentation. The clinical exam has been consistent with the stated painful condition and subsequent urine drug testing has found no aberrations. There are no notations from the treating physician to suggest concern for aberrant behaviors from the injured worker. Therefore, urine drug screening done July 28, 2014 was not medically necessary.