

Case Number:	CM14-0146689		
Date Assigned:	09/12/2014	Date of Injury:	02/20/2013
Decision Date:	10/16/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/09/2014

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 Neuromuscular 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 patient is a 46 year old male with a date of injury 2/20/13. The diagnoses include right knee chondroplasty, medial femoral condyle, synovectomy on 5/8/2014. There is a request for (Retro) Full panel drug screen for dos 08/25/14. An 8/25/14 progress report states that the patient has complaints of right knee pain rated as 4/10 with and medications and 7/10 without medications. Her exam antalgic gait, able to perform heelwalk, toe-walk bilaterally. There is a positive straight leg raise and bowstring on the right. There is minimal tenderness upon palpation on right medial knee with spasms in the thigh. Anaprox #90, Fexmid 7.5 mg #60, Norco 2.5/325 mg #60 dispensed. There is a full plan drug requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Full panel drug screen for dos 08/25/14.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines: Integrated Treatment/Disability Duration Guidelines Pain(Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioids, steps to avoid misuse/addiction Page(s): 94 ,43;. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Pain(chronic): Urine drug testing (UDT) Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: (Retro) Full panel drug screen for dos 08/25/14 is not medically necessary per the MTUS and ODG guidelines. Urine drug screen is medically necessary per the MTUS and ODG guidelines. The MTUS guidelines state that frequent random urine toxicology screens can be used as a step to avoid misuse of opioids, and in particular, for those at high risk of abuse. The MTUS states that urine drug screen is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The urine drug screen on 3/5/14 and 5/28/14 was reported negative despite being prescribed Norco and Naproxen. The ODG states patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation indicates that there have been recent inconsistent urine drug tests. The documentation does not indicate evidence of confirmatory testing which was reportedly done per documentation. Without this complete information the request for a retro full panel drug screen for date of service 8/25/14 is not medically necessary.