

Case Number:	CM14-0161243		
Date Assigned:	11/04/2014	Date of Injury:	03/29/2003
Decision Date:	12/15/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/01/2014

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 in California. 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 (IW) is a 52-year-old woman with a date of injury of March 29, 2003. The mechanism of injury was not documented in the medical record. Pursuant to a progress note date September 4, 2014, the IW complains of chronic low back pain and knee pain. Pain is rated 7/10. Pain is aggravated by activities and alleviated with medications. The IW is able to walk 1 city block with a straight cane. Standing balance is mildly unsteady. Physical examination revealed antalgic gait favoring the right. She does not bend the right knee when walking. There was joint tenderness noted in the knee joints bilaterally. There was crepitus noted within the knee of a moderate degree bilaterally. There was joint swelling noted over the bilateral knees. Range of motion was limited in the left knee. Pain behaviors were within expected context of disease. The IW was diagnosed with opioid dependence, lumbago, chronic pain syndrome, anxiety, depressive disorder, pain in limb, and knee pain. Current medications include Atenolol 50mg, Fenofibrate 145mg, Guaifenesin AC syrup, Hydrocodone/APAP 5/325mg, Meclizine 25mg, Pennsaid 1.5% topical drops, Prozac 40mg, and Topamax 25mg. The IW was encouraged to continue with home exercises and stretching routines, and to take medications as prescribed. According to the clinic note dated June 12, 2014, the provider states that a urine drug screen (UDS) will be due at next visit (September of 2014). UDS was obtained September 19, 2014, which was reviewed in the medical. There were inconsistencies in the UDS, but the treating physician did not comment on them.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Urine Drug Screening

Decision rationale: Pursuant to the Official Disability Guidelines, the urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinued treatment. Frequency of urine drug testing is based upon whether the patient is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker had a urine drug screen in September 2014. There was no discussion of the injured worker was a low risk, intermediate or high risk for drug misuse or abuse. There was no indication frequent screening was medically indicated. Inconsistencies were noted in the UDS but the treating physician did not comment on them. The injured worker has been taking hydrocodone/acetaminophen 5/325 mg #120 for a protracted period of time, however there is no indication of any drug related issues or aberrant drug seeking behaviors in the medical record. Consequently, urine drug screening is not medically necessary.