MAXIMUS Federal Services

Case Number:	CM14-0175736		
Date Assigned:	10/28/2014	Date of Injury:	02/10/2012
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational 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:

This is a 59-year-old female with a 2/10/12 date of injury. According to a progress report dated 10/16/14, the patient stated she continued to feel left knee pain that is described to be worse at night but improves during daily activity. Her medication regimen consisted of Anastrozole, Naproxen, and Norco. Objective findings: antalgic gait, tenderness at left patellofemoral, medial joint line, and lateral joint line, limited knee range of motion. Diagnostic impression: knee degenerative osteoarthritis, knee arthralgia, chondromalacia, abnormality of gait, knee meniscus tear. Treatment to date: medication management, activity modification, physical therapy, cortisone injection, orthovisc injection, pool therapy, home exercise program.A UR decision dated 10/9/14 denied the request for urine toxicology, 4 times a year. There is no documentation that this patient requires around-the-clock opiates or that there is any plan to place the patient on around the clock opiates. There is no documentation that the patient has issues of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology, four times per year: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238,Chronic Pain Treatment Guidelines Drug Testing, Urine Testing in Ongoing Opiate Management Page(s): 43, 78.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the present case, the patient is taking Norco on a chronic basis. Guidelines support routine urine drug screens in patients utilizing chronic opioid therapy, up to 4 a year. However, this is a request for a year's worth of urine drug screens. Guidelines require regular monitoring of a patient's medication regimen and urine toxicology screens to assess for misuse and aberrant behavior. A specific rationale as to why this patient requires a year's worth of urine drug screens at this time was not provided. Therefore, the request for Urine toxicology, four times per year was not medically necessary.