

Case Number:	CM14-0181616		
Date Assigned:	11/06/2014	Date of Injury:	03/20/2013
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/31/2014

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 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 58 year-old patient sustained an injury on 3/20/13 while employed by [REDACTED]. Request(s) under consideration include Urine toxicology screen. Diagnoses include right meniscal tear; knee enthesopathy. Hand-written report of 7/14/14 from the provider noted the patient with chronic knee pain rated at 7/10 with body shakes and wakes up drenched in sweat at night and noted (Ibuprofen 800 mg #90). Brief exam was illegible and showed increased ROM right knee and ?right knee. Diagnoses include right knee meniscus tear. Treatment included acupuncture therapy for right knee, UDS and RX for topical compounds. Report of 8/25/14 from the provider noted the patient was seen for follow of right meniscal tear with chronic ongoing knee pain. Medications list Gabapentin and topical compounded Flurbiprofen 20%/ Tramadol 20%/ Cyclobenzaprine 4%. Recent UDS were performed on 11/18/13, 2/3/14 and 7/14/14. The request(s) for Urine toxicology screen was non-certified on 10/13/14 citing guidelines criteria and lack of medical necessity.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term analgesics for this chronic March 2013 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology screen is not medically necessary and appropriate.