

Case Number:	CM14-0085806		
Date Assigned:	07/23/2014	Date of Injury:	06/30/2001
Decision Date:	10/02/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/09/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year old male who was injured on 6/30/2001 involving his knee. He was diagnosed with right knee strain, left knee degenerative joint disease, bilateral carpal tunnel syndrome, lumbar strain, and joint pain. He was treated with topical Voltaren gel, glucosamine, and activity modification, according to the notes available for review. On 4/30/14, the worker was seen by his primary treating physician complaining of tearing his tendon in his left third finger. He also reported having difficulty getting his medications covered by insurance. He also reported having seen a surgeon who would repair his shoulder extensor tendon. There was no documented evidence of any opioid medication having been prescribed or taken by the worker. Physical examination revealed limited range of motion of the left knee, left quad muscle weakness, small effusion and crepitus of the left knee, and positive Durkan's sign in bilateral hands (right more than left). He was then recommended to continue his Voltaren gel and Glucosamine and get a toxicology test as well as liver function testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Test to Assess Compliance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th Edition Pain, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 77-78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no evidence seen in the documentation provided for review to suggest a drug screening test was warranted. There was no evidence of the worker taking any opioids or other medications with abuse potential, nor was there any evidence of the worker showing signs of illegal use. Therefore, the "toxicology" drug screening is not medically necessary.