

Case Number:	CM14-0098445		
Date Assigned:	09/16/2014	Date of Injury:	02/22/2013
Decision Date:	10/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/25/2014

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 46-year-old male with a 2/22/13 date of injury. The mechanism of injury occurred while the patient was helping in manually transferring a five-thousand pound light fixture and experienced a popping sensation in the left knee, in addition to injuring his lower back. A physician progress note dated 1/14/14 reported that the patient was experiencing left knee pain, and physical therapy and chiropractic care were ordered. A urine drug screen (UDS) was also ordered, but no results were included in the documents. Another progress note dated 2/11/14 stated that the patient was still having left knee pain and was found to have swelling and decreased range of motion in the left knee. The patient was on Tramadol at that time, and a UDS was conducted on 2/12/14. The note was illegible to extract further information. On 3/11/14, the patient underwent left knee surgery and was followed-up on 3/18/14, where the patient noted slight improvement in pain. At that time, the patient was on Tramadol and a UDS was ordered. The note was illegible and it was unclear if the patient was on any other medications. The documents noted that another UDS was ordered on 4/24/14. No results for this UDS were included in the documents. There was no documentation in regards to any aberrant behavior exhibited by the patient, in addition to any evidence of diversion or non-compliance with the medication regimen. The patient's diagnoses included lumbar sprain/strain, knee sprain/strain, medial and lateral meniscal tear, multicompartement synovitis, insomnia, and anxiety. Significant Diagnostic Tests: 1. Urine Drug Screen (2/12/14) - None detected. 2. Urine Drug Screen (3/21/14) - hydrocodone, hydromorphone, Tramadol and normeperidine were detected. Treatment to date: Anterior cruciate ligament reconstruction and multicompartement synovectomy of left knee (3/11/14), medications, physical therapy, acupuncture, chiropractic care. An adverse determination was received on 6/4/14 due to the lack of documentation of any non-compliance with the medication regimen or suspicious behavior concerning for abuse or diversion exhibited

by the patient. There was also no clear documentation of a risk assessment profile, and the patient did not appear to be at high risk warranting more than two UDS per year. A request for UDS was made on 3/18/14 but there was no result included in the documentation. The medical necessity for repeating the UDS was not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Urine toxicology

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Urine testing in in ongoing opiate management Page(s): 43; 78.

Decision rationale: 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. The documentation noted that four urine drug screen studies were ordered for this patient between 1/14/14 and 4/24/14. The results for two of the four urine drug screens were included in the documents. It was unclear if the results of the urine drug screen studies were consistent or not with the patient's medication use. This information was not clearly documented. Furthermore, the physician progress notes were illegible and it was unclear what medications the patient was taking at the time of the urine drug screen studies. In addition, there was no documentation of any aberrant behavior exhibited by the patient, diversion or non-compliance with the medication regimen. Based on the documentation, it was unclear what the rationale was for a urine toxicology study at this time. Therefore, the request for urine toxicology is not medically necessary.