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| Case Number: | CM14-0137779 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 07/28/2011 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 08/08/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 female with a July 28, 2011 date of injury. A progress note dated July 23, 2014 documents subjective findings (bilateral knee pain; right knee locking), objective findings (favoring of left knee when walking; tenderness to palpation and spasm of bilateral lumbosacral area; slight swelling of bilateral knees; decreased range of motion of bilateral knees; crepitus on palpation of left knee; tenderness of the medial joint line of the left knee; tenderness of the lateral upper and inferior pole of the right knee;), and current diagnoses (bilateral knee pain; left knee partial meniscocapsular separation and posterior horn of the medial meniscus; right knee posterior horn of the medial meniscus tear). Treatments to date have included medications (including oral pain medications and topical creams), magnetic resonance imaging of the bilateral knees, steroid injections, Synvisc injection, and therapy. The medical record identifies that medications and topical creams help to control pain. The treating physician documented a plan of care that included a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxic Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43&78. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Criteria for use of opioids (on-going management) Page(s): 43, 78.

Decision rationale: The request is for a urine drug screen (UDS). The CA MTUS recommends UDS as an option to assess for the use or presence of illegal drugs. UDS can also be used to monitor patient compliance with prescribed medications. The frequency of drug testing depends on the risk stratification, with patients at low risk for abuse/misuse tested on an annual basis. In this case, it is unclear how long the patient has been prescribed Norco. There is also no documentation of aberrant or addictive behavior, placing the patient at high risk. Therefore, according to the documentation submitted the request for UDS is not medically necessary.