

Case Number:	CM14-0213089		
Date Assigned:	12/30/2014	Date of Injury:	08/08/2006
Decision Date:	02/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/19/2014

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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 61-year-old male with an 8/8/06 date of injury, when he twisted his knee while stepping off a chair. The patient was seen on 9/2/14 with complaints of increasing 6-7/10 pain in the right knee. Exam findings revealed normal passive range of motion of the right knee, positive Fouchet's sign on the right, and positive Dreyer's sign on the right. The patient has been noted to be on Ambien, Ultram 50 mg, compounding creams, and other medications. The request for an UDS test was made. The diagnosis is pain in the joint of the leg, and chonromalacia patellae. Treatment to date: work restrictions, bracing, and medications. An adverse determination was received on 12/10/14 for a lack of documentation indicating that the patient was suspected to use illicit drugs or was non-compliant with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Date of Service (9/6/2014): Quantitation urine drug screen and confirmation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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. However, there is a lack of documentation indicating that the provider suspected the patient of substance misuse, driving while intoxicated, premature prescription renewals, self-directed dose changes, lost or stolen prescriptions, using more than one provider for prescriptions, non-pain use of medication, using alcohol for pain treatment or excessive alcohol use, missed appointments, hoarding of medications and selling medications. Therefore, the request for Quantitation Urine Drug Screen and Confirmation is not medically necessary.