

Case Number:	CM14-0213829		
Date Assigned:	12/31/2014	Date of Injury:	02/21/1998
Decision Date:	02/25/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/20/2014

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: Arizona, California

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:

47 yr. old male claimant sustained a work injury on 2/21/98 involving the knees. He had arthritis of the knee and received Hyalgan injections. He had also been on oral analgesics for pain control. He had received numerous urine screens over the years to follow medication compliance. A urine drug screen on December 2011 indicated inconsistency with medication use. There was no mention in subsequent urine tests of inconsistencies. A progress note on 10/22/14 indicated the claimant had crepitus and tenderness in both joint lines. Additional Hyalgan injections were recommended. In addition a urine toxicology was requested. There was no mention of medications taken at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: urine drug screen (date of service: 10/22/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider indicating medications taken or reason to suspect continued non-compliance over 2 years. Therefore, request for urine toxicology on 10/22/14 is not medically necessary.