

Case Number:	CM14-0214562		
Date Assigned:	01/07/2015	Date of Injury:	11/08/2013
Decision Date:	02/24/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 58 year old female with an injury date of 11/08/13. Based on the 11/05/14 progress report provided by treating physician, the patient complains of mild pain (rated 1/10) to the bilateral knees, which has been improving. Patient is status post multiple Hylan shots (5 as of 06/04/14 progress note) to the bilateral knees. Physical examination findings 11/05/14 reveal tenderness to palpation to the bilateral knees (regional distribution of pain is unspecified), discusses two recent X-ray results indicating: "no progression of proximal tibial arthritis" bilaterally. The patient's current medication regime is not specified in the reports provided. Progress note 11/05/14 describes patient's work status: "We have attempted to return her to work with difficulty... feel it is necessary to conduct a functional capacity evaluation to asses her level of impairment." Diagnostic imaging was not included with the reports. Diagnosis 11/05/14- Bilateral knee osteoarthritis The utilization review determination being challenged is dated 12/01/14. Treatment reports were provided from 02/05/14 to 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (chronic) chapter, Urine drug testing

Decision rationale: The patient presents with mild pain (rated 1/10) to the bilateral knees, which has been improving. The request is for URINE TOXICOLOGY SCREENING. Physical examination findings 11/05/14 reveal tenderness to palpation to the bilateral knees (regional distribution of pain is unspecified), discusses two recent X-ray results indicating: "no progression of proximal tibial arthritis" bilaterally. The patient's current medication regime is not specified in the reports provided. Progress note 11/05/14 describes patient's work status: "We have attempted to return her to work with difficulty... feel it is necessary to conduct a functional capacity evaluation to assess her level of impairment." Diagnostic imaging was not included with the reports. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. In this case, the treater has failed to provide a reason for the request. Progress reports provided do not indicate that this patient is taking narcotic medications (or any medications) which would warrant urine toxicology screening. Furthermore, there is no discussion of aberrant or drug seeking behaviors which would warrant such an initial screening prior to prescribing an opioid, nor a stated intent to initiate such a medication. Therefore, this request IS NOT medically necessary.