

Case Number:	CM14-0218622		
Date Assigned:	01/08/2015	Date of Injury:	12/13/2011
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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 & Rehabilitation

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 58 year old female sustained work related industrial injuries on December 13, 2011. The mechanism of injury was not described. The injured worker subsequently complained of left knee pain. The injured worker was diagnosed and treated for left knee osteoarthritis. Treatment consisted of radiographic imaging, diagnostic studies, prescribed medications, physical therapy, consultations and periodic follow up visits. Per treating provider report dated November 17, 2014, the injured worker had severe pain from retained screws following a Fulkerson osteotomy which was noted to be tenting the skin. The injured worker also complained of residual clicking secondary to a heterotrophic ossification of the interior pole of the patella of the knee. Physical exam revealed moderate distress with pain and tenderness around her knee. The provider requested authorization for a urine toxicology screening to check the efficacy of the prescribed medications. As of November 17, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for urine toxicology screen now under review. On December 2, 2014, the Utilization Review (UR) evaluated the prescription for urine toxicology screen requested on November 21, 2014. Upon review of the clinical information, UR non-certified the request for urine toxicology screen, noting the lack of clinical documentation to support a repeat urinalysis and the recommendations of the MTUS and the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen/opioid management Page(s): 43,77. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with pain and weakness in both of his knee. The request is for URINE TOXICOLOGY SCREEN. Per 08/19/14 QME's report, the patient is taking Diclofenac sodium ER, Omeprazole, Cyclobenzaprine and Norco. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening UDS--should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the treater requested UDS for opiate management. The UR from 12/2/14 denied the request under the false understanding that the patient is not on any opiates. However, the recent QME report clearly lists Norco among other meds. There is a reference to one UDS previously, but no repeated, unnecessary number of UDS's. The request IS medically necessary.