

Case Number:	CM14-0050697		
Date Assigned:	06/23/2014	Date of Injury:	01/12/2012
Decision Date:	01/26/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York and North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant, a 39-year-old man, states he was injured 1/12/2012 when he lost his balance, while carrying a shovel with cement and he caught his boot on something and fell, hitting the ground with both knees. He complains of knee pain and has had right knee arthroscopic surgery. He also has pain in the neck, mid back, left shoulder and bilateral knees. He is using topical analgesics for relief. As well, as uses a cane for ambulation. He has not worked since March 2013. Prior screening 10/25/13, 4/8/14, 7/16/14 and 9/3/14 were all negative for drugs of abuse (and a host of other medications, including SSRIs, TCA and anti-convulsants medications). The treating physicians stated that urine drug screening was completed "in part during the next scheduled appointment to determine if a change in the patient's prescription drug therapy is warranted." The medication list consisted of Naprosyn and Prilosec. He is appealing the denial of a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. URINE DRUG SCREEN: 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 Opioids criteria for use, on-going management, differentiation: dependence and addiction. Page(s).

Decision rationale: Per the CA MTUS, chronic pain guidelines, a drug screen can be undertaken before beginning a trial of opioids to look for the presence of illegal drugs. Use of drug screening can also be used with issues of abuse, addiction, or poor pain control. Urine drug screens may also be part of a pain management agreement. Screening can be used to determine if a patient is exhibiting addictive behavior. None of these criteria, however, are met by this patient. He is not on narcotics, nor does the treatment plan indicate they are being considered for a trial. He has had several negative screens, and no mention of concerns about potential addictive behavior (or any medications of potential concern for misuse). The urine screen is not medically necessary.