MAXIMUS Federal Services

Case Number:	CM15-0003077		
Date Assigned:	01/14/2015	Date of Injury:	04/04/2011
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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:

The injured worker is a 32-year-old male, with a reported date of injury of 04/04/2011. The diagnoses include left ankle fracture, left ankle sprain/strain, synovitis of the left ankle, left knee internal derangement with joint effusion, left foot strain, overload pain of the right knee, status post left ankle arthroscopic surgery, and right knee sprain/strain.Treatments have included an MRI of the left ankle on 12/30/2011 and 07/06/2012, MRI of the left foot on 12/24/2011, MRI of the left knee on 12/24/2011, opioid pain medications, and anti-inflammatory medication.The progress report dated 11/19/2014 indicates that the injured worker complained of pain in the left knee and pain in the left foot/ankle. The objective findings included left knee extension at 180 degrees, left knee flexion at 120 degrees, medial joint line tenderness on the left, left ankle plantar flexion at 50 degrees, left ankle dorsiflexion at 10 degrees, left ankle inversion at 30 degrees, left ankle eversion at 10 degrees, and left ankle lateral joint line tenderness. The treating physician ordered a urine drug screen chromatography to test the injured worker for medications currently in his system to monitor compliance with the pharmacological regime, and to identify any possible drug interactions related to multiple prescribing physicians.On 12/08/2014, Utilization Review denied the retrospective request for a urine drug screen chromatography, quantitative 42 units (date of service: 11/19/2014), noting that there was no documentation that the provider has incorporated the prior test results in the injured worker's medication prescription. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO 11/19/14 UDS Chromatography, Quantitative, 42 Units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing (UDT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PAIN CHAPTER, URINE DRUG TESTING

Decision rationale: The patient presents with pain in left knee and left foot/ankle. The request is for RETRO 11/19/14 UDS CHROMATOGRAPHY, QUANTITATIVE, 42 UNITS. The request for authorization is dated 11/19/14. The patient is status-post left ankle arthroscopic surgery 10/20/12. The patient is under future medical care. Patient's medications include Ultram, Anaprox and Prilosec. Patient is permanently partially disabled.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.Per progress report dated 11/19/14, treater's reason for the request is "to monitor compliance with the pharmacological regime as well as identify any possible drug interactions related to multiple prescribing physicians." The patient is prescribed Ultram, which is an opiate. However, an UDS was previously performed on 08/21/14. The treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding the patient being at risk for any aberrant behaviors. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Finally, a quantitative study is required when the initial screen test is inconsistent or abnormal. The reports do not show that such is the case. Therefore, the request request IS NOT medically necessary.