

Case Number:	CM15-0003435		
Date Assigned:	01/14/2015	Date of Injury:	01/27/2006
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
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: Texas, 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:

The injured worker is a 51 year old female, who sustained an industrial injury on January 27, 2006. Patient sustained the injury due to slip and fall incident. She has reported right knee pain. The diagnoses have included arthropathy involving lower leg, knee strain, obesity, status post lateral Meniscectomy of right knee, fibromyalgia, insomnia, lumbago, lumbar degenerative disc disease and history of knee replacement times two with infections on the right knee. Treatment to date has included right knee partial medial Meniscectomy on May 24, 2007 and unspecified dates for two total right knee arthroplasty, oral pain medications, topical cream, urine drug screen positive for THC. Currently, the injured worker complains of worsening pain, continues to decompensate, has generalized knee right knee pain, left hip and knees hurt at times too. The knee pain is characterized by pain, swelling and not warm to the touch. The medication list include Oxycodone, Lidoderm patch, Neurontin, Norco, Flexeril, atenolol, Amlodipine and Prednisolone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Routine Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, steps to avoid misuse/addictio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guideline.

Decision rationale: Request: Routine Urine Drug Screen Per the CA MTUS guideline cited above, drug testing is “Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs.” Per the guideline cited below, drug testing is “The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment”.. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument”. Patients at “moderate risk” for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.” As per records provided medication lists includes Norco and Oxycodone. A previous urine drug screen was positive for THC (tetrahydrocannabinol or marijuana). This puts the pt at high risk for aberrant drug behavior. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Routine Urine Drug Screen is medically appropriate and necessary in this patient.