

Case Number:	CM15-0015315		
Date Assigned:	02/04/2015	Date of Injury:	09/27/2011
Decision Date:	03/19/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/27/2015

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: 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 37 year old female, who sustained an industrial injury on 09/27/2011. She had reported slipping on cardboard and landing on her knee on the concrete floor. Diagnoses include status post right knee arthroscopic surgery and right knee internal derangement. Treatment to date has included magnetic resonance imaging of the right knee, physical therapy, laboratory studies, medication regimen, and above listed surgical procedure. In a progress note dated 11/25/2014 the treating provider reports significant right knee pain post arthroscopic surgery. The documentation provided did not contain the current requested treatment for a urine drug screen. On 01/26/2015 Utilization Review non-certified the requested treatment of a retro urine drug screen collected 12/01/2014 and tested on 12/11/2014, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain Medical Treatment Guidelines, page 43 and page 78; and Official Disability Guidelines Treatment In Workers' Compensation, 13th Edition, 2015, Pain Chapter (01/13/2015), Criteria for Use of Urine Drug Testing and Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urinalysis Drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43;76-77,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Indicators for Addiction Page(s): 87-88.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of urine drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the guidelines comment on the steps used to avoid misuse/addiction of opioids. The medical records indicate that this patient has had at least three recent urine drug tests performed. The results of these tests did not demonstrate any aberrant behavior. Based on the information in the available medical records there is no documentation to suggest that the patient has engaged in any suspicious or aberrant behaviors regarding her use of opioids. The previous urine drug screen tests that were performed were all consistent with her use of an opioid. There is insufficient documentation in the records regarding the results of these tests and insufficient rationale for the ongoing use of urine drug screening. In summary, there is no evidence in the medical records to support the rationale for ongoing performance of urine drug screening in this patient. The urinalysis drug screen is not considered as medically necessary.