

Case Number:	CM15-0019208		
Date Assigned:	02/09/2015	Date of Injury:	12/21/2010
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 67 year old male, who sustained an industrial injury on December 21, 2010. He has reported right knee, shoulder, lumbar spine and left ankle pain. The diagnoses have included other affections of shoulder region, not elsewhere classified, sprain of wrist, unspecified site, tear of medial cartilage or meniscus of knee, current and other joint derangement, not elsewhere classified, ankle and foot . Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, physical therapy, conservative treatment modalities, pain medication and work modifications. Currently, the IW complains of stiffness and swelling in the right knee and ankle. The injured worker reported an industrial injury in 2010, resulting in chronic pain and stiffness in the right knee and ankle. It was noted he underwent conservative therapies and required surgical intervention on July 1, 2014, for a torn meniscus of the right knee. On July 10, 2014, evaluation revealed persistent low back pain with radiation to the legs however the right knee was noted as improving. He underwent physical therapy of the lumbar spine with noted improvement. On December 18, 2014, evaluation revealed stiffness and swelling to the right knee. A urine drug screen was requested to ensure medication compliancy. Pain medications were updated. On January 8, 2015, Utilization Review non-certified a request for a request for urine toxicology screen, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of requested urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug toxicology Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug testing

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are other affections of shoulder region; sprain of wrist; tear of the medial cartilage or meniscus of knee and other joint arrangement, ankle and foot. The documentation in the record from an October 22, 2014 progress note states a urine drug screen was ordered to check the efficacy of the medications. Urine drug screens are used to determine drug compliance, identify use of undisclosed substances and uncover the diversion of prescribed substances. Drug efficacy is determined by history and physical examination. On November 13, 2014 progress note indicates the injured worker is on Norco, however, the urine drug toxicology screen did not detect any opiates. Subsequent progress notes did not explain this finding. The documentation does not contain evidence of aberrant drug-related behavior or drug seeking behavior. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. There was no risk assessment in the medical record. Consequently, absent clinical documentation with a clinical rationale and or indication for urine drug screen, urine drug testing is not medically necessary.