

Case Number:	CM15-0115402		
Date Assigned:	06/23/2015	Date of Injury:	03/07/2005
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 65 year old male, who sustained an industrial injury on 03/07/2005. He reported that he was hit by a riding lawn mower where his legs were cut under the machine causing him to fall backward. He sustained multiple injuries including a fractured right ankle and pain to the bilateral knees. The injured worker was diagnosed as having bilateral knee degenerative joint disease, left trochanteric bursitis, and left iliotibial band syndrome. Treatment and diagnostic studies to date has included physical therapy, laboratory studies, medication regimen, use of crutches, bilateral steroid injection, acupuncture, use of an ankle brace, electromyogram, and x-rays of the bilateral knees. In a progress note dated 04/14/2015 the treating physician reports complaints of swelling to bilateral knees, cramping from the lower leg to the ankle at night, constant, aching pain to the bilateral knees with the right more than the left, and a pulling sensation from the right knee that radiates up the quadricep to the hip. Examination reveals tenderness to the bilateral knees, pain with valgus and varus stress in the bilateral knees, and swelling noted to the lateral and inferior portion of the right patella. The injured worker's pain level is rated a 7 to 8 out of 10 on the pain scale to the bilateral knees. The injured worker's medication regimen included Tramadol and Capsaicin Cream. The treating physician requested a urine drug screen, but the documentation provided did not indicate the specific reason for the requested laboratory study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags, twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids, once during January-June and another July-December." The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. The urine drug screen from 01/2015 was consistent with prescription therapy. As such, the request for Urine drug screen is not medically necessary.