

Case Number:	CM15-0119030		
Date Assigned:	06/29/2015	Date of Injury:	05/23/2012
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/19/2015

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 50 year old male who reported an industrial injury on 5/23/2012. His diagnoses, and/or impressions, are noted to include: cervical spine sprain/strain; status-post right shoulder arthroscopic surgery (5/17/13); status-post Bankart repair of dislocated left shoulder; status-post right knee arthroscopic surgery and partial medial and lateral meniscectomy (8/5/11); status-post left knee meniscal repair and partial meniscectomy (12/9/11); status-post left knee arthroscopic surgery (12/21/12); and lumbar spine sprain/strain with persistent low back pain. No current imaging studies were noted. His treatments are noted to include diagnostic studies; an agreed medical evaluation on 3/4/2015; a knee arthrogram with injection (3/13/15); injection therapy (4/24/15); medication management with toxicology screenings; and modified work duties. The progress notes of 5/14/2015 reported pain over the cervical, thoracic and lumbar spine and right shoulder, along with muscle spasms affecting the upper and lower back; and that his pain is improved with medications. He also reported being recovered from left knee arthroscopy. Objective findings were noted to include no acute distress; a less antalgic gait, and unassisted; tenderness and spasms along the bilateral cervical para-spinal muscles; tenderness and restricted range-of-motion over the right "AC" joint, along with significant tenderness over the right trapezius muscle; right > left lumbar paraspinous tenderness and spasms, right lumbosacral para-vertebral joint tenderness, and painful range-of-motion; and a tender right knee joint. The physician's requests for treatments were noted to include a random urine drug screening for the purpose of monitoring compliance of his medications.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary and appropriate.