

Case Number:	CM15-0124824		
Date Assigned:	07/09/2015	Date of Injury:	02/05/2007
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 65 year old man sustained an industrial injury on 2/5/2007. The mechanism of injury is not detailed. Diagnoses include end stage right knee tri-compartmental osteoarthritis, levoscoliosis, and depression. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 3/13/2015 show complaints of continued right knee pain after surgical intervention. Recommendations include aquatic therapy and Norco. The patient uses Norco on occasional basis for breakthrough pain and hopes to refill this. His urine drug screen in the office was negative for opiates. He takes intermittent medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: qualitative point of care: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Urine drug test: qualitative point of care is medically necessary per the MTUS and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drug. The ODG states that when the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. The documentation indicates that the patient has a negative urine sample for prescribed drugs therefore this request is medically necessary.