

Case Number:	CM15-0065967		
Date Assigned:	04/13/2015	Date of Injury:	05/12/2011
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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 48 year old male with an industrial injury dated May 12, 2011. The injured worker diagnoses include left knee internal derangement, status post left knee dislocation with multiple ligament ruptures, 5/12/11, status post closed reduction of patella in May 2011, status post anterior cruciate ligament (ACL), posterior cruciate ligament (PCL), medial collateral ligament (MCL) and lateral collateral ligament (LCL) reconstruction with allografts in May 2011, left knee PCL instability, left knee degenerative joint disease, left knee patellofemoral chondromalacia, left knee bony infarcts with patchy demineralization, painful gait, osteochondral lesion of the lateral femoral condyle and compensatory left hip strain/internal derangement. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/22/2015, the injured worker reported persistent left knee pain, crepitus and instability. Objective findings revealed grossly normal gait, left knee crepitus and posterior instability with positive posterior drawer test. The treating physician prescribed a retrospective request (date of service 1/22/2015) for Labs: urine drug screen, LC/MS high complex quantitative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 1/22/2015) for Labs: UDS, LC/MS high complex quantitative:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing (date of service January 22, 2015) laboratories: urine drug screen, LC/MS high complex quantitative 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. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are status of post left knee dislocation with multiple ligament ruptures May 12, 2011; status post closed reduction patella; status post ACL, PCL, MCL and LCL reconstruction with allografts in May 2011; left knee and PCL instability; left knee degenerative joint disease; left knee patellofemoral chondromalacia; left knee bony infarcts patchy demineralization; painful gait; and osteochondral lesion lateral femoral condyle. The progress note dated January 22, 2015 does not contain a treatment plan indicating a urine drug test is clinically indicated. The medical record contains 55 pages with no prior urine drug screens or risk assessments. There is no documentation of aberrant related drug behavior, drug misuse or abuse. There is no clinical indication in the medical record for urine drug tests on the screen. Consequently, absent clinical documentation with a clinical indication and rationale for a UDS, documentation of the request in the medical record and aberrant drug-related behavior, retrospective urine drug testing (date of service January 22, 2015) laboratories: urine drug screen, LC/MS high complex quantitative is not medically necessary.