

Case Number:	CM15-0069236		
Date Assigned:	04/16/2015	Date of Injury:	05/01/2013
Decision Date:	05/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/13/2015

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 28 year old female, who sustained an industrial injury on 5/1/13. She reported left knee pain. The injured worker was diagnosed as having injury to the left knee with internal derangement, thoracolumbar spine chronic myofascial pain syndrome, right shoulder chronic sprain injury, and abnormal MRI of the lumbar spine showing disc protrusion at L4-5. Treatment to date has included physical therapy, and medications such as Tramadol and Cyclobenzaprine. Currently, the injured worker complains of left knee pain and back pain. The treating physician requested authorization for 1 urine drug screening for the management related to the left knee, thoracic/lumbar spine, and right shoulder pain as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screening for the management related to the left knee, thoracic/lumbar spine and right shoulder pain as an outpatient: Upheld

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

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, one urine drug screen for the management related to the left knee, thoracic/lumbar spine and right shoulder 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 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 injury to the left knee with internal derangement; chronic myofascial pain syndrome, thoracolumbar spine, moderate to severe; chronic sprain injury right shoulder; and abnormal MRI lumbar spine showing 7.5 mm disc protrusion at L4 - L5. A progress note from January 16, 2015 shows the treating provider prescribed naproxen, tramadol and cyclobenzaprine. A urine drug toxicology screen was ordered and was negative for all medications. A progress note dated February 27, 2015 shows the treating provider prescribed naproxen, tramadol and cyclobenzaprine. A urine drug toxicology screen was ordered and was negative for all medications. Urine drug toxicology screen is inconsistent the medications taken and the urine drug toxicology screen results. The treating provider did not address the inconsistent urine drug screen results. There is no documentation in the medical records indicating aberrant drug-related behavior, drug misuse or abuse. Additionally, there is no risk assessment in the medical record indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with a risk assessment and a prior inconsistent urine drug toxicology screen with no discussion of the treating physician as to the inconsistent results, one urine drug screen for the management related to the left knee, thoracic/lumbar spine and right shoulder is not medically necessary.