

Case Number:	CM15-0069971		
Date Assigned:	04/17/2015	Date of Injury:	10/01/1997
Decision Date:	05/18/2015	UR Denial Date:	03/11/2015
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 56 year old male who sustained an industrial injury on October 1, 1997. Prior treatment includes MRI of the right knee, anterior cruciate ligament repair, home exercise program and medications. Currently the injured worker complains of continued knee pain. He reports that he is feeling stronger and that his medications are helping. The injured worker rates his pain level a 7 on a 10-point scale. Diagnoses associated with the request right knee pain and status post anterior cruciate ligament repair. The treatment plan includes Norco, Tramadol and urinalysis to determine the levels of prescription medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, screening for risk of addiction (tests) Page(s): 43, 90.

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, urine drug testing 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 diagnosis is right knee pain, status post anterior cruciate ligament repair. The documentation showed multiple urine drug screens performed in September 2014, October 2014, and November 2014. The urine drug toxicology screens were uniformly negative for hydrocodone on those dates. There was no risk assessment in the medical record and hydrocodone was continued through March 2015 despite the inconsistent urine drug toxicology screens. There was no discussion in the medical record of aberrant drug-related behavior, drug misuse or abuse. There was no clinical indication/rationale in the medical record for multiple urine drug toxicology screens. Consequently, absent clinical documentation with a clinical indication and rationale for multiple urine drug toxicology screens, absent documentation reflecting aberrant drug-related behavior, drug misuse or abuse, urine drug testing is not medically necessary.