

Case Number:	CM15-0075577		
Date Assigned:	04/27/2015	Date of Injury:	03/12/2010
Decision Date:	05/27/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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:

This 61 year old male sustained an industrial injury to the left knee on 3/12/10. Previous treatment included x-rays, physical therapy and medications. In a PR-2 dated 3/12/15, the injured worker complained of left leg pain with numbness. The physician noted that the injured worker had an abnormal gait and had now developed low back pain. The injured worker was doing physical therapy but stopped due to lumbar spine pain. X-rays of the left lower extremity showed no increase in osteoarthritis. Current diagnoses included the treatment plan included urine toxicology screening, medications (Orphenadrine/Caffeine, Gabapentin/Pyridoxine, Omeprazole/Flurbiprofen and topical compound cream) and heat/ice contrast therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter for Urine Drug Testing.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with left leg pain with numbness. The request is for URINE TOXICOLOGY SCREEN. Per 11/25/13 report, patient is status post left knee arthroscopic surgeries 2004, 2005, 2011, and right knee surgery 2007. RFA not provided. Patient's diagnosis on 03/19/15 included osteoarthritis, unspecified whether generalized or localized, lower leg; and pain in joint, lower leg. Diagnosis on 09/03/14 included lumbosacral spine with left sided radiculopathy, and MRI 4mm disc herniations from L2-L3 to L5-S1 with disc desiccation. Treatment included physical therapy, X-rays, and medications. Patient medications include Orphenadrine, Gabapentin/Pyridoxone, Omeprazole/Flurbiprofen, and topical creams. The patient is permanent and stationary, per 01/03/15 report, and is retired, per 03/19/15 treater report. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Per 03/19/15 progress report, treater states "authorization for the patient to be administered a urine toxicology screening to check efficacy of medications." MTUS and ODG do support UDS's for opiate management. However, current list of prescribed medications do not include any opiates or narcotics. Therefore, the request IS NOT medically necessary.