

Case Number:	CM15-0076371		
Date Assigned:	04/28/2015	Date of Injury:	08/21/2013
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 39 year old female, who sustained an industrial injury on 8/21/2013. She reported a slip and fall, twisting her right knee. The injured worker was diagnosed as having status post right knee arthroscopy with partial medial and lateral meniscectomies and chondroplasty of the medial femoral condyle and femoral groove, with residuals. Treatment to date has included diagnostics, physical therapy, surgical intervention to her right knee in 1/2014, and medications. Magnetic resonance imaging of the right knee (9/23/2014) was referenced. Currently, the injured worker complains of pain in her cervical spine (9/10), right knee (7/10), and left foot (7/10). Medication use included Tylenol #3, reducing pain from 9/10 to 4/10, and allowing her to ambulate longer (40 minutes opposed to 20 minutes). She was not working. The treatment plan included refill of Tylenol #3 and urine toxicology. No previous urine drug screenings were noted or referenced and no signs of abuse or diversion were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. Also, this IW has been on opioid therapy chronically and is not undergoing a treatment trial. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags or specific concerns related to this Injured Worker's case. As such, the request for urine toxicology is not medically necessary.