

Case Number:	CM15-0096618		
Date Assigned:	05/27/2015	Date of Injury:	11/06/1991
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 11/06/1991. He has reported subsequent bilateral knee and lower extremity pain and was diagnosed with knee/lower leg degenerative joint disease and arthritis, muscle spasm, internal derangement of the knee and hemarthrosis of the lower leg. Treatment to date has included oral pain medication and surgery. In a progress note dated 03/04/2015, the injured worker complained of bilateral knee pain. Objective findings were notable for an antalgic gait, trigger point/spasms of the bilateral lower extremities, moderate tenderness of the superior joint line of the bilateral knees, guarded range of motion of the left knee and crepitus of the right knee. A request for authorization of a urine toxicology screen was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 92-93.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. In this case, the claimant had been on opioids for several months. The physician had been ordering routine urine screens. The results were not provided but there was no mention of inconsistencies. Based on the above references and clinical history a urine toxicology screen is not medically necessary.