MAXIMUS Federal Services

Case Number:	CM15-0097871		
Date Assigned:	05/28/2015	Date of Injury:	01/15/2014
Decision Date:	06/29/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/20/2015

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, 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 31-year-old male, who sustained an industrial injury on 1/15/2014. Diagnoses include status post left knee arthroscopy. Treatment to date has included diagnostics, surgical intervention, postop physical therapy, and a soft knee brace. Per the Primary Treating Physician's Progress Report dated 2/17/2015, the injured worker reported for reevaluation. Physical examination revealed an antalgic gait favoring the right. He had a visible 0.5-inch scar on the left knee with well-healed portal incisions. There was nonspecific tenderness of the left knee. There was moderate tenderness to palpation at the medial parapatellar, lateral parapatellar and medial collateral on the left. The plan of care-included acupuncture, sleep study, weight loss program, gym membership, magnetic resonance imaging (MRI) of the left foot and drug testing and authorization was requested for a urine drug screen that was performed on 2/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine Drug Screen DOS: 2/17/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing February 17, 2015 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 status post left knee arthroscopy; left foot/ankle pain; weight gain; and let sleep disorder. Documentation from a February 17, 2015 progress note does not contain a list of current medications. Similarly, a December 2014 progress note does not contain a list of current medications. In October 21, 2014, progress note shows the treating provider prescribed a transdermal topical analgesic. The utilization review physician initiated a conference call with the treating provider. The treating provider's office indicated the injured worker has never been on opiate medications. There is no documentation in the medical record of aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with the current list of medications, aberrant drug-related behavior, drug misuse or abuse and a peer-to-peer conference call indicating the injured worker has not been on opiate therapy to date, retrospective urine drug testing February 17, 2015 is not medically necessary.