

Case Number:	CM15-0099092		
Date Assigned:	06/01/2015	Date of Injury:	02/20/2013
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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:

The injured worker is a 46 year old male, who sustained an industrial injury on February 20, 2013, incurring right knee and elbow injuries while carrying a ladder. Magnetic Resonance Imaging of the right knee revealed degenerative changes. He was diagnosed with internal derangement of the right knee, right elbow sprain and lumbar radiculopathy. Treatments included physical therapy, home exercise program, pain medications, anti-inflammatory drugs, and work restrictions. The injured worker underwent a right arthroscopy in May, 2014 due to persistent knee pain. Currently, the injured worker complained of knee and lower leg pain aggravated by prolonged standing, walking and knee flexing. Pain decreased with rest, changing positions, pain medications, ice and heat. The treatment plan that was requested for authorization included a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with knee pain rated 6/10 without and 3/10 with medications. The request is for Urine Drug Screen Qty 1. The request for authorization is not provided. The patient is status-post right knee surgery, 05/08/14. MRI of the right knee, 05/04/13, shows degenerative changes. X-ray of the right knee, 08/28/13, are within normal limits. Patient's medication include Tramadol, Anaprox, Fexmid, Norco and Protonix. The patient's work status is not provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, the patient is prescribed Norco and Tramadol, which are opiates. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request request is medically necessary.