

Case Number:	CM13-0021702		
Date Assigned:	11/13/2013	Date of Injury:	02/15/2006
Decision Date:	01/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in internal medicine, has a subspecialty in cardiology, and is licensed to practice in Texas. 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 physician 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/services.

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 patient is a 55-year-old who reported a work related injury on 02/15/2006, mechanism of injury is the result of a fall. Subsequently, the patient was treated for the following diagnoses, status post left total knee replacement (date of procedure not stated) and chronic history of low back pain and lumbar degenerative disc disease. The clinical note dated 08/15/2013 reports the patient continued to be seen under the care of [REDACTED] for her pain complaints. The patient reports continued pain and discomfort involving her left knee and left wrist. The patient reports continued pain about the left ankle as well; however, reports better management with her current medication regimen. The provider documented upon physical exam of the patient, a positive Apley's to the left knee, local swelling, and motor strength 5/5 was noted. The provider documented the patient was to continue use of Norco 10/325 mg 1 tab 4 times a day as needed for pain control, Prilosec 1 tab by mouth every day, Axid 1 tab by mouth twice a day, and Neurontin 300 mg by mouth twice a day. The provider documented recommendation for the patient to undergo a urine drug screen to monitor the patient's compliance with her pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug testing: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The clinical documentation submitted for review reports the patient has utilized Norco 4 tabs by mouth every day, chronic in nature. A review of the clinical documentation submitted evidences the patient had undergone previous urine drug screens which revealed no opioids. The patient was recommended to wean off of Norco a year ago due to lack of functional improvement and inconsistent urine drug screen testing. The clinical notes evidence the patient continues to be prescribed Norco despite recommendations for weaning and prior inconsistent urine drug screen. As continued utilization of opioids is not supported, monthly random urine drug screens are not indicated as evidenced in the clinical documentation submitted. As previous adverse determinations were rendered for regular urine drug screening of the patient, given that the patient continues to be administered Norco 120 tablet a month, after recommendations for weaning, subsequent urine drug screens to assess consistency and compliance would be indicated. As the Chronic Pain Medical Treatment Guidelines indicates, "Drug testing is recommended as an option for ongoing management of opioids." The request for random urine drug testing is medically necessary and appropriate.