

<b>Case Number:</b>	CM13-0023156		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 PM&R, and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46-year-old female who reported an injury on 04/09/2010 due to a fall causing a significant twisting injury to her right knee and tearing ligaments and cartilage. The patient underwent 2 knee surgeries. The patient was postoperatively managed with physical therapy, medications, and injection therapy. The patient's most recent physical exam findings included range of motion of the right knee described as -5 degrees in extension to 100 degrees in flexion and complaints of mechanical symptoms. It was also noted the patient had previously undergone lab testing for GGT, hydrocodone, acetaminophen, and gabapentin on 08/19/2013. The patient's diagnoses included chronic right knee pain, low back pain, asthma, tobacco use, anxiety, and hypothyroidism. The patient's treatment plan was to continue medications and to undergo x-rays for the evaluation of the patient's arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right knee with and without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Total Knee Replacement.

**Decision rationale:** The MRI of the right knee with and without contrast is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints that have failed to respond to conservative measures. However, American College of Occupational and Environmental Medicine recommends MRIs for the evaluation of the anterior cruciate ligament. Official Disability Guidelines recommend x-rays as the preferred imaging study to establish the diagnosis and evaluate arthritis when determining if the patient is a surgical candidate for a total knee replacement. As an x-ray is the preferred imaging study to evaluate arthritic changes in a patient, an MRI would not be indicated. As such, the requested MRI of the right knee is not medically necessary or appropriate.

**LAB Serum: Hydrocodone, Acetaminophen and Gabapentin: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd. Edition, Chapter 7, page 127

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

**Decision rationale:** The requested lab serum hydrocodone, acetaminophen, and gabapentin are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence the patient underwent a lab serum test for these medications in 08/2013. California Medical Treatment Utilization Schedule recommends drug testing when there is suspicion of aberrant behavior or use of illicit street drugs. The clinical documentation submitted for review did not provide any evidence of aberrant behavior with suspicion of illicit drug use. Additionally, the documentation do not address why a lower level point of care test would not adequately provide this information. Therefore, an additional lab serum for hydrocodone, acetaminophen, and gabapentin would not be medically necessary or appropriate.

**Lab GGT:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, edited by Dennis Kasper, M.D. 16th. Edition, 2005, pages 38-43

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

**Decision rationale:** The requested lab serum for GGT is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence the patient underwent a lab serum test for these medications in 08/2013. California Medical Treatment Utilization Schedule recommends drug testing when there is suspicion of aberrant behavior or use of illicit street drugs. The clinical documentation submitted for review did not provide any evidence of aberrant behavior with suspicion of illicit drug use. Additionally, the documentation do not

address why a lower level point of care test would not adequately provide this information. Therefore, an additional lab serum for GGT would not be medically necessary or appropriate.

**Retrospective saliva test for ETOH and POCT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested retrospective saliva test for ETOH and POCT are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence the patient has been on opioid therapy for an extended duration. However, Medical Treatment Utilization Schedule recommends drug testing when there is evidence of aberrant behavior or suspicion of illegal drug use. The clinical documentation submitted for review does not provide any evidence of aberrant behavior or illegal drug use. Additionally, the documentation do not address why a lower level point of care test would not adequately provide this information. As such, the requested retrospective saliva test for ETOH and POCT are not medically necessary or appropriate.

**Retrospective request for urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

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

**Decision rationale:** The requested retrospective request for urine drug screen is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence the patient has been on opioid therapy for an extended duration. However, Medical Treatment Utilization Schedule recommends drug testing when there is evidence of aberrant behavior or suspicion of illegal drug use. The clinical documentation submitted for review does not provide any evidence of aberrant behavior or illegal drug use. Additionally, the documentation do not address why a lower level point of care test would not adequately provide this information. As such, the requested retrospective request for urine drug screen is not medically necessary or appropriate.