

Case Number:	CM13-0053814		
Date Assigned:	12/30/2013	Date of Injury:	01/26/2011
Decision Date:	03/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pulmonary Disease 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 55-year-old male who reported an injury on 01/26/2011 due to a fall off a ladder that reportedly caused injury to his head, right ear, left wrist, right hip, left knee, teeth, lower back, and neck. The patient ultimately developed chronic pain that was managed with medications to include opioids, muscle relaxants, and gastrointestinal medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical examination revealed that the patient had 7/10 pain that was described as constant and that was exacerbated to 9/10 with activity. Physical findings included mild swelling and tenderness of the medial joint line of the left knee with a positive patellar grind and tenderness of the left plantar aspect of the foot. The patient's diagnoses included left knee osteoarthritis and status post left knee arthroscopy with residual medial and patellar femoral arthritis. The patient's treatment plan included continuation of medications, a Synvisc 1 injection, and continued use of an unloading knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen once each quarter, 4 times per year: Upheld

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

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

Decision rationale: The requested urine drug screen once each quarter, 4 times per year, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of urine drug screens to monitor a patient for compliance to a prescribed medication schedule. California Medical Treatment Utilization Schedule also recommends drug testing for patients who are suspected of using illicit drugs. The clinical documentation submitted for review does not provide any evidence of aberrant behavior or drug usage that would require continual monitoring. Official Disability Guidelines recommend that patients who do not exhibit moderate to high risk aberrant behavior be monitored by a urine drug screen for more than 1 time per year. Therefore, the need for quarterly drug testing is not clearly established. As such, the requested urine drug screen once each quarter, 4 times per year, is not medically necessary.

Tizanidine 4mg #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: The requested tizanidine 4 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the extended use of this type of medication. The clinical documentation submitted for review does support that the patient has been using muscle relaxants for pain control for an extended duration of time. Clinical documentation also fails to identify exceptional factors to support the need to extend treatment beyond guideline recommendations. As such, the requested tizanidine 4 mg #60 is not medically necessary.