

Case Number:	CM13-0071204		
Date Assigned:	01/08/2014	Date of Injury:	09/28/2002
Decision Date:	06/02/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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/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 68 year old female who works as a licensed vocational nurse who slipped and fell on Sept 28, 2002 and injured her knees and suffered internal organ damage. In 2004 she underwent a right knee arthroscopy for an internal derangement. Since then she has had continuous bilateral (right greater than left) knee pain that is aggravated by prolonged standing and walking. In addition, she has a complaint of ongoing chronic low back pain. According to the provided medical documentation, the patient has been taking Norco for pain management since April of 2012 (the latest medical record for this review). Her most recent PR2 form submitted by an Orthopedic Surgeon states that the patient has persistent right greater than left knee pain that is aggravated by prolonged standing and/or walking. The patient also notes aching pain in the low back. She takes her medication on an as-needed basis. Physical exam reveals bilateral mildly reduced range of motion, crepitus upon motion and medial joint line tenderness. Varus and valgus stress testing aggravates the patient's chief complaint.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR URINALYSIS (DOS 10/28/2013): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention And Treatments Page(s): 77, 89, 94.

Decision rationale: Urine Drug Screening (Urinalysis) should be considered to assess for use or presence of illegal drugs prior to initiation of opioids and as part of a written pain agreement which may be required with frequent urinalysis to monitor for compliance of use (or misuse). In this case, it is necessary to monitor the patient for compliance with medication use and to ensure use as prescribed and that misuse was not an issue. The retrospective request for urinalysis, DOS 10/28/13, is medically necessary and appropriate.