

Case Number:	CM14-0001536		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2010
Decision Date:	06/09/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/04/2014

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 Occupational Medicine 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 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 an employee of [REDACTED] who has submitted a claim for right knee and posterior calf pain from an associated industrial injury date of July 9, 2010. Treatment to date has included Arthroscopy, Cortisone Injection - 1 episode, Exercise Home Therapy, Cognitive Behavior Therapy, Celebrex, Prilosec, Ketoprofen Cream, Tylenol, Mediderm Patches and Sertraline. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of right knee and posterior calf pain, which is alleviated by Celebrex and rest; and aggravated by prolonged activity, sitting, and standing. On physical examination, there was tenderness of the right medial knee joint line. Range of motion was normal with flexion at 130 degrees and extension at 180 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST: 12 PANEL (DATE OF SERVICE 11/27/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 43; 94; 78.

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

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In this case, the rationale given is for screening of substance abuse. However, the patient's current medication list does not contain any opioid-containing drug that is indicated for urine drug screen. Furthermore, there was no indicated plan to start the patient on opioids, which may necessitate baseline levels. Therefore, the request is not medically necessary.