

<b>Case Number:</b>	CM14-0002803		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 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 injured worker is a 43-year-old male who reported an injury on 10/01/2007 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/12/2013 for right knee pain, numbness, and paresthesia. The exam noted right knee restricted range of motion in all directions from 5 to 110 degrees with pain. There was trace swelling, medial line joint tenderness, positive anterior drawer with pain, positive McMurray's and Apley's tests, and positive provocative maneuvers of the right knee. The diagnoses included a right knee ACL repair in 2012, right knee pain, ACL injury, right knee sprain/strain, and status post right knee surgery. The treatment plan included a urine drug screen and continued therapy. The Request for Authorization dated 12/13/2013 was in the documentation provided. The rationale for the request was in the office notes provided indicating the ACOEM guidelines allow for random drug screens up to 4 times a year to monitor compliance and abuse while patients are taking chronic opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR 1 IN-OFFICE RANDOM 12-PANEL DRUG SCREEN, DATE OF SERVICES 12/12/2013: 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 Opioids, Page(s): page(s) 74-95..

**Decision rationale:** The request for retrospective request for 1 in-office random 12-panel drug screen, date of services 12/12/2013 is non-certified. The California MTUS Guidelines may recommend monitoring patients for aberrant drug taking behaviors with drug screens. However, there is no indication in the documentation received of a history or risk of aberrant drug taking behaviors by the injured worker. Furthermore, there have been at least 2 previous documented drug screens on 04/02/2013 and 11/21/2013. Those records did not indicate the risk factors or signs of abuse. The primary request for the opioids is non-certified. Therefore, this request is non-certified.

**NORCO 10/325 MG, QTY: 45 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): page(s) 74-95..

**Decision rationale:** The request for Norco 10/325 mg quantity 45 with 1 refill is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level. Therefore, based on the documentation provided, the request is non-certified.