

Case Number:	CM14-0105709		
Date Assigned:	07/30/2014	Date of Injury:	01/22/2010
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 and is licensed to practice in Illinois. 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 65-year-old male who reported an injury on 01/22/2010. The mechanism of injury was not provided but he had struck a pallet with his knee while moving a barbecue set at work. Prior treatments included medications, Gabadone, Trepadone, Norco, and Clonidine. The surgical history included a total knee replacement. The documentation of 06/19/2014 revealed the injured worker was having worsening problems with his right knee and issues with the knee buckling. The injured worker stated that he had been suffering from recent falls, one of which where he had fallen beside his truck striking his left hip on the cement. He has difficulties standing and walking now, so he duck tapes his left hip, so he can walk. He stated he felt he may have fractured a small bone in his foot. Since that time, the injured worker has been unable to walk without an exaggerated limp or the use of a cane. His pain score was 9/10 and the last visit the pain score was averaged at 7/10. The injured worker underwent a urine drug screen on 05/29/2014 which was positive for the prescribed medications. Diagnoses included status post total knee replacement in 2013, right knee pain, and chronic pain related insomnia. Treatment plan included a urine drug screen, a left hip MRI as soon as possible due to the recent fall, an orthopedist for a possible right total knee replacement revision, Trepadone 2 twice a day, Gabadone 2 at bedtime for insomnia, and Norco 10/325. Additionally, the treatment plan included Clonidine 0.1 mg twice a day and Nattokinase as an enzyme treatment for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Exam: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had fallen which would support an increase in pain. There was a lack of documentation indicating the injured worker had been assessed for aberrant drug behavior. There was a lack of documentation indicating a necessity for a toxicology examination as the previous urinalysis was appropriate for the medications that had been prescribed. Therefore, the toxicology exam is not medically necessary.