

Case Number:	CM14-0175387		
Date Assigned:	10/28/2014	Date of Injury:	11/11/2003
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/23/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 11/11/03 and continues to be treated for chronic knee pain. She underwent a left total hip replacement in October 2013 without complication. She was seen on 06/05/14 for medication management. Knee pain was rated at 10/10 without medications and 5/10 with medications. She was not having any medication side effects. She had previously had a series of Synvisc injections and repeat injections were pending. Medications included Norco 7.5/325 mg three times per day, Fioricet, meloxicam, Lexapro, Restoril, Ativan, melatonin, and niacin. Physical examination findings included knee tenderness with crepitus. Medications were refilled. Urine drug testing was performed on 06/08/14 and was consistent with the prescribed medications. On 08/28/14 pain was rated at 3/10 with medications. She had undergone a series of Synvisc injections with temporary benefit. She was considering a total knee replacement. Physical examination findings appear unchanged. Medications were refilled. Urine drug screening was performed on 08/29/14 and was consistent with prescribed medications. On 10/02/14 pain was rated at 3/10 with medications. She had undergone another knee injection. She was continuing to work as a nurse. Physical examination findings appear unchanged. Medications were refilled. Urine drug screening on 10/04/14 was consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic knee pain. Medications include Norco. Medications include Norco at a total morphine equivalent dose (MED) of less than 120 mg per day. Urine drug screening has already been performed more than once with no inconsistencies noted. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening was not medically necessary.