

<b>Case Number:</b>	CM14-0076157		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/29/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Internal Medicine and is licensed to practice in North Carolina, Colorado, Kentucky and 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 injured worker is a 50 year old female injured on 10/29/11 when involved in a bicycle accident. Diagnoses included internal derangement of the right knee with end stage arthritis, meniscectomy, and ACL reconstruction. Clinical note dated 04/08/14 indicated the injured worker presented for third Euflexxa injection. The injured worker reported tolerating previous two injections without significant difficulty and improvement with angulation. Physical examination of the right knee revealed trace effusion, laxity to the ACL with firm endpoint, minimal joint line discomfort, and flexion to 90 degrees. Medications included Norco, calcium, vitamin B, and Singulair. Injured worker actively participated in aquatic therapy at the time of evaluation with improvement in leg strength. Urine drug screen on 03/27/14 was positive for norhydrocodone. The initial request for ranitidine, special reports, urine drug screen was non-certified on 04/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine 300 mg #60 QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM guidelines indicate concomitant prescriptions of cytoprotective medications (H2 blockers) are recommended for patients at substantially increased risk for gastrointestinal bleeding. There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of H2 blocker. As such, the request for Ranitidine 300 mg #60 QTY 1 cannot be established as medically necessary.

**Special reports:** 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 Drug testing Page(s): 43.

**Decision rationale:** As noted in the following determination, urine drug screen is not medically necessary; therefore additional special urine drug toxicity reports will not be required or available for review. As such, the request for Special reports cannot be recommended as medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** As noted on page 43 of the Chronic Pain Medical Treatment Guidelines "drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month." The urine drug screen performed on 03/27/14 was consistent with prescribed medications. There is no indication the injured worker is considered at moderate or high risk. As such, the request for urine drug screen cannot be recommended as medically necessary.