MAXIMUS Federal Services

Case Number:	CM14-0128817		
Date Assigned:	09/05/2014	Date of Injury:	10/26/1998
Decision Date:	07/07/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on October 26, 1998. She reported a left knee injury. The injured worker was diagnosed as having complex regional pain syndrome and insomnia secondary to complex regional pain syndrome. She is status post left knee arthroscopy with anterior cruciate ligament reconstruction and partial lateral meniscectomy in 1998, status post left knee arthroscopy with adhesion debridement in the notch and lateral gutters, lateral tibial chondroplasty, anterior cruciate ligament remnant debridement and closed manipulation under anesthesia in 1999, and status post left knee arthroscopy with debridement of scar tissue, debridement of anterior cruciate ligament, and manipulation under anesthesia in 2003. Diagnostic studies to date have included MRIs, x-rays, bone scan, and urine drug screening. Treatment to date has included a knee brace, left lumbar sympathetic blocks, home exercises, pool exercises, and medications including short-acting opioid pain, long acting opioid pain, and anti-epilepsy. On July 10, 2014, the injured worker complains of increased left knee pain and difficulty sleeping due to the pain, since not having her anti-epilepsy and short-acting opioid pain medications since approximately July 2, 2014. She continues on her long-acting opioid pain medication. She complains of achy, burning pain of the left knee. She reports increased nerve pain with burning, numbness and tingling of the knee while being without her anti-epilepsy medication. There is increased redness and swelling of the left knee. She has decreased the amount of swimming and exercise she usually does. Her pain level is rated: current = 8/10 and the previous night = 10/10, when she was trying to sleep and could not get comfortable. The physical exam revealed she sits with her left leg extended with the knee

slightly bent and moves her leg frequently. The left knee and ankle range of motion exam was deferred. There was decreased strength of the left lower extremity muscles. The deep tendon reflexes testing of the left lower extremity was deferred. There was allodynia of the in the left knee region, just above the knee, and just below the knee. There was new redness and swelling of the left knee region and increased hypersensitivity to touch in the thigh and calf region. The injured worker walked with a limp favoring the left lower extremity. There was unchanged muscle wasting from above the knee into the foot and ankle region of the left lower extremity. There was increased sensitivity to touch in the left ankle region, which is why the range of motion and reflex exams were deferred. The treatment plan includes a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse- tolerance, dependence, addiction. Decision based on Non-MTUS Citation Official Disability Guidelines- pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain Section: Urine Drug Testing.

Decision rationale: The Official Disability Guidelines comment on the use of urine drug testing for patients with chronic pain. The frequency of urine drug testing is based on a risk assessment of the patient. Specifically, whether there is evidence of addiction/aberrant behavior. These guidelines recommend three different tiers for testing, based on this risk assessment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. 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. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. In this case, the medical records indicate that this patient is at low risk for inappropriate use of controlled substances. The medical records indicate that the last recorded urine drug screen was in January, 2014. Under these conditions, it is appropriate to perform another urine drug screen. In summary, it has been more than one year since a urine drug screen has been performed in this low risk patient. Given the recommendations of the above cited guidelines, it is appropriate to re-test this patient with 1 urine drug screen. This test is appropriate and is recommended.