

Case Number:	CM15-0003066		
Date Assigned:	01/14/2015	Date of Injury:	01/15/1997
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/07/2015

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: Physical Medicine & Rehabilitation

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 54-year-old male who reported an injury on 01/15/1997 due to an unspecified mechanism of injury. On 01/05/2015, he reported pain in the bilateral knees, right hip pain and pain in the shoulders. His medications included Norco 10/325 mg, Valium 5 mg, Lidoderm patches and Voltaren gel. A physical examination showed slight tenderness over both patella and the left patella was limited in flexion. There was tenderness over the lateral and medial meniscal joint line, left hip tenderness on the internal and external rotation, and he was unable to cross over his knees. It was noted that he was taking multiple narcotic and benzodiazepine medications, as well as muscle relaxants that required screening for compliance. He was diagnosed with bilateral knee pain, chronic hip pain and chronic pain syndrome. The treatment plan was for 1 urine drug screen to aide in evaluating medication compliance and adherence for submitted diagnosis of chronic bilateral knee pain and general osteoarthritis as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen to aid in evaluating medication compliance and adherence for submitted diagnosis of chronic bilateral knee pain and general osteoarthritis, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG,

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

Decision rationale: According to the California MTUS Guidelines, urine drug screening is for patients with issues of abuse, addiction or poor pain control. Based on the clinical documentation submitted for review, the injured worker was not noted to have issues of abuse or addiction, and was not noted to have poor pain control that would be associated with aberrant drug taking behaviors. Without documentation showing that the injured worker is at high risk for abusing his medications or that he has shown noncompliance previously with his medication regimen, the request for 1 Urine Drug Screen to aid in evaluating medication compliance and adherence for submitted diagnosis of chronic bilateral knee pain and general osteoarthritis, as an outpatient worker would not be supported. As such, the request is not medically necessary.