

Case Number:	CM15-0134892		
Date Assigned:	07/23/2015	Date of Injury:	02/08/2001
Decision Date:	08/19/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 2/08/2001. Diagnoses include status post left knee total arthroplasty (6/2013). Treatment to date has included surgical intervention as well as conservative measures including diagnostics, therapy and medications including Lyrica, hydrocodone, Celebrex, Ambien and Xanax. Per the Primary Treating Physician's Progress Report dated 5/12/2015, the injured worker reported left knee pain rated as 8/10 in severity. He reports initial improvement with surgery, however condition is worsening. He also reported low back pain rated as 5/10 with lower extremity symptoms. Physical examination revealed tenderness left knee diffusely with range of motion from 0 to 90 degrees. The plan of care included medication management with topical Gabapentin and authorization was requested for urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant has a remote history of a work-related injury and underwent a left total knee replacement revision surgery in June 2013. He continues to be treated for chronic knee pain. Medications include hydrocodone and Tramadol. Urine drug testing in January 2015 and April 2015 was consistent with the prescribed medications. When seen, there was diffuse knee tenderness and decreased range of motion. Criteria for the frequency of urine drug testing include evidence of risk stratification by use of screening tests. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for another urine drug screening less than three months after the previous testing was not medically necessary.