MAXIMUS Federal Services

Case Number:	CM15-0191287		
Date Assigned:	10/05/2015	Date of Injury:	09/18/2013
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 60 year old female who sustained an industrial injury on 9-18-13. Diagnoses are noted as left leg blood clot, degenerative joint disease of bilateral knees, left knee-meniscal tear, contusion of bilateral hands-wrists, and cervical spine sprain-strain-resolved. Previous treatment includes Euflexxa injections, medications, home exercise, MRI- right knee, and physical therapy. In a progress report dated 9-19-15, the physician notes frequent pain in her knees traveling to her right lower extremity. Pain is rated at 10 out of 10. She continues to experience episodes of the right knee giving out and some low back pain due to her altered gait. She recently had a flare up of pain and went to the emergency room. Current medications are Citalopram for anxiety, Allopurinol, Valsartan Hctz, Ultram ER, and Coumadin. A urinalysis to monitor compliance with prescribed medication was performed. Work status is noted as return to modified work with limitations or restrictions of no climbing, no climbing stairs and sedentary work only. The requested treatment of right total knee arthroplasty and custom OA left knee bracing was certified on 9-21-15. The requested treatment of urinalysis was non certified on 9- 21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Based on the documentation provided there is no indication that the injured worker is at "high risk" of addiction, or that her opioid doses are being escalated. Therefore the request for urinalysis is not medically necessary.