

Case Number:	CM15-0209005		
Date Assigned:	10/28/2015	Date of Injury:	09/13/2012
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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: North Carolina
 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 32-year-old male, who sustained an industrial injury on 9-13-2012. The injured worker is undergoing treatment for left and right meniscal tear. Medical records dated 7-1-2015 and 8-12-2015 indicate the injured worker complains of knee pain left > right with popping. Grinding and clicking. He reports the right knee buckles and gives out. The treating physician does not provide names of prescribed medication on dates of service 7-1-2015 and 8-12-2015. Physical exam dated 8-12-2015 notes bilateral knee tenderness to palpation with decreased range of motion (ROM), positive chondromalacia patellar compression, and McMurray's test. Treatment to date has included acupuncture, physical therapy, chiropractic treatment, injection and magnetic resonance imaging (MRI). The original utilization review dated 9-30-2015 indicates the request for chromatography, quantitative 42 units is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, quantitative -42 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction, Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids .The patient was not on chronic opioids at the time of request and not showing aberrant behavior, therefore the request is not medically warranted.