

<b>Case Number:</b>	CM15-0080888		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	09/02/1999
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: 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 55 year old female who sustained an industrial injury on 9/2/99 involving her left knee. She has had previous knee surgeries X 4. She currently complains of left knee pain with slight improvement. She limping and using a cane for ambulation. Medications are hydrocodone-acetaminophen, Valium. Diagnoses include osteoarthritis of the left knee; status post left total knee arthroplasty (11/20/14); diabetes. Treatments to date include medications, pain management consult, and physical therapy. Diagnostics include x-rays of the bilateral knees and tibia showing no increase of osteoarthritis. In the progress note dated 4/9/15 the treating provider's plan of care requests an IF unit and supplies, 30-60 day rental and purchase to manage pain and reduce medication dosage and a urine toxicology screen to check for efficacy of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF Unit and supplies 30-60 day rental and purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** This patient receives treatment for chronic L knee pain. This problem relates back to a work-related injury dated 09/02/1999. The patient has had multiple knee operations, four. The patient is opioid dependent. This review addresses a request for an IF unit. The treatment guidelines do not recommend this form of treatment because clinical trials fail to find evidence of efficacy above that of a placebo. Data demonstrating an increase in return to function or reduction in pain beyond that of conventional therapy are not found. IF is not clinically indicated. Therefore, the requested treatment is not medically necessary.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/ addiction Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

**Decision rationale:** This patient receives treatment for chronic L knee pain. This problem relates back to a work-related injury dated 09/02/1999. The patient has had multiple knee operations, four. The patient is opioid dependent. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically indicated.