

<b>Case Number:</b>	CM14-0148051		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57 year-old male, who sustained an injury on February 5, 2010. The mechanism of injury is not noted. Diagnostics have included: Urine drug screen dated May 14, 2014 reported as showing medication compliance. Treatments have included: bilateral knee arthroscopies, medications. The current diagnoses are: lumbosacral spondylosis with facet arthropathy and disc disease, s/p bilateral knee arthroscopies with osteoarthritis. The stated purpose of the request for urine drug screen was to assess medication compliance. The request for urine drug screen was denied on August 20, 2014, citing a lack of documentation of medical necessity of an additional urine drug screen since the May 14, 2014 testing. The stated purpose of the request for Norco 10/325mg #100 with 1 refill was not noted. The request for Norco 10/325mg #100 with 1 refill was modified for Quantity # 60 on August 20, 2014, citing a lack of documentation of opiate surveillance measures compliance including current execute narcotic pain contract, risk assessment profile, attempts at weaning. The stated purpose of the request for continued use of othostim (rental or purchase), was to provide pain reduction and medication reduction. The request for continued use of othostim (rental or purchase), was denied on August 20, 2014, citing a lack of documentation of objective evidence of functional improvement including measurable medication reduction and/or activities of daily functioning improvement. Per the report dated August 13, 2014, the treating physician noted complaints of pain to the low back and bilateral knees. Exam findings included lumbar tenderness with restricted lumbar range of motion, bilateral knee medial joint line tenderness with crepitus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has pain to the low back and bilateral knees. The treating physician has documented lumbar tenderness with restricted lumbar range of motion, bilateral knee medial joint line tenderness with crepitus. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the medical necessity for another drug screen at this time after a May 14, 2014 consistent result testing. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, urine drug screen, is not medically necessary

**Norco 10/325mg #100 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80,80-82.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the low back and bilateral knees. The treating physician has documented lumbar tenderness with restricted lumbar range of motion, bilateral knee medial joint line tenderness with crepitus. The treating physician has not documented visual analog scale (VAS) pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract and narcotic risk assessment. The criteria noted above not having been met, Norco 10/325mg #100 with 1 refill, is not medically necessary.

**Continued use of othostim (rental or purchase):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

**Decision rationale:** CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has pain to the low back and bilateral knees. The treating physician has documented lumbar tenderness with restricted lumbar range of motion, bilateral knee medial joint line tenderness with crepitus. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist or from home use including activities of daily living increased functionality nor medication reduction. The criteria noted above not having been met, continued use of othostim (rental or purchase), is not medically necessary.