

<b>Case Number:</b>	CM14-0204842		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/22/2004
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 49 year old man with a date of injury of 10/22/04. He was seen by his orthopedic provider / primary treating physician on 10/17/14. He complained of low back pain with lower extremity symptoms. He also complained of left knee pain 6/10 which has been refractory to physical therapy, home exercise and activity modification and 5/10 right knee pain. His medications included hydrocodone, ibuprofen and omeprazole. His exam showed tenderness of the lumbar spine and limited range of motion. He was said to be 'neurologically unchanged'. He had tenderness and limited range of motion to both knees. His left knee tenderness was greatest at the medial and lateral joint line. His diagnoses were left knee medial femoral condyle chondromalacia, status post left knee arthroscopy, right knee early osteoarthropathy and facet osteoarthropathy L4-5 and L5-S1. At issue in this review is the request for a random toxicology screen and three viscosupplementation injections of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Random toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 43, 77, 78.

**Decision rationale:** This injured worker has a history of chronic pain since 2004. The worker has had various treatment modalities and use of medications including opioids. Per the guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, the records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of a urine drug screen is not substantiated in the records.

**Three viscosupplementation injections of the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
Uptodate: Treatment of osteoarthritis resistant to initial pharmacologic therapy.

**Decision rationale:** This injured worker has a history of chronic pain since 2004. The worker has had various treatment modalities and use of medications including opioids. He has chronic bilateral knee pain and his exam shows medial and lateral joint line. He has a diagnosis of left knee chondromalacia and not osteoarthritis. Viscosupplementation or hyaluronate intraarticular injections may be beneficial in osteoarthritis of the knee in patients who have not responded to medications or intraarticular steroid injections. The medical records do not substantiate the medical necessity of three viscosupplementation injections of the left knee.