

Case Number:	CM15-0112414		
Date Assigned:	06/18/2015	Date of Injury:	03/11/2003
Decision Date:	07/20/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old male sustained an industrial injury to the low back on 3/11/03. The injured worker also suffered ongoing left knee pain. The injured worker was recommended for left total knee replacement but needed to lose weight first. In a PR-2 dated 4/22/15, the injured worker complained of continuing low back and bilateral lower extremity pain as well as increased knee pain. The injured worker had decided to procure weight loss surgery. The injured worker was currently undergoing a 10% reduction in pain medication each month. Physical exam was remarkable for bilateral knees with tenderness to palpation at the joints lines, positive patellar grind and McMurray's tests and lumbar spine with tenderness to palpation at the facet joints and decreased range of motion. Current medications included Neurontin, Opana ER and Norco. Current diagnoses included lumbago, knee pain and long term medication use. A urine drug screen was obtained during the office visit. Urine drug screens had also been obtained during 10/17/14 and 1/27/15 office visits. The treatment plan included prescriptions for Norco and Opana ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS DOS 4/22/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained a work injury March 2003 and continues to be treated for bilateral knee and low back pain. Medications being prescribed include Opana ER and Norco. Urine drug screening performed in October 2014 and January 2015 had been consistent with the medications being prescribed. When seen, there was joint line tenderness with positive McMurray's and patellar grind testing. There was lumbar spine tenderness with decreased range of motion and facet joint tenderness. His medications were refilled and urine drug screening was performed. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous two urine drug test results that would be inconsistent with the claimant's prescribed medications. A third urine drug screening within one year was not medically necessary.