

Case Number:	CM15-0120652		
Date Assigned:	07/01/2015	Date of Injury:	11/28/2012
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 54 year old male, who sustained an industrial injury on 11/28/12. He has initial complaints of a left knee injury. The injured worker was diagnosed as having status post left knee arthroscopy (X4); status post left knee ACL reconstruction/menisectomy non-industrial (1992); left knee arthropathy-moderate; right knee chondromalacia patella compensatory injury; lumbar myofascial pain compensatory injury. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 4/14/15 indicated the injured worker complains of left knee pain rated at a pain scale of 8/10. He also complains of low back pain increasing compensatory on a pain scale of 5/10. He complains of increased pain with sitting. The provider documents the medications (Tramadol ER 300mg/day) at current dosing facilitates maintenance of activities of daily living. On physical examination of the left knee demonstrates range of motion 0-130 degrees, painful patellofemoral crepitation throughout the range of motion, no patellar instability. He reports negative Lachman's, anterior and posterior drawer. McMurray's is negative with 5 minus/5 quadriceps strength and no atrophy. He has mild left knee swelling. The right knee examination demonstrates range of motion 0-140 degrees, patellofemoral crepitation, negative Lachman's, anterior and posterior drawer negative, along with McMurray's. His distal pulses are 2+ and symmetrical bilaterally. The lumbar spine examination demonstrates tenderness of the spine and paraspinal musculature. Paraspinal spasm is noted with range of motion documented with flexion 50 degrees, extension 20 degrees, left and right lateral tilt 30 degrees. He has a negative Patrick's test and straight leg raise. He has diminished sensation right L5 and S1 dermatomal distribution. His gait is mildly antalgic

favoring the right lower extremity with ambulation. The provider's treatment plan included urine drug toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in the lower back and left knee. Treatment recommendations included the use of two restricted medications, including an opioid. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for a urine drug toxicology screen is medically necessary.