

Case Number:	CM15-0125262		
Date Assigned:	07/09/2015	Date of Injury:	04/09/2002
Decision Date:	08/18/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on April 9, 2002. Treatment to date has included left total knee replacement, right total knee replacement, right knee arthroscopy, physical therapy, and medications. Currently, the injured worker complains of bilateral knee pain and right elbow pain. She reports that her pain is aggravated with prolonged sitting and standing and relieved with lying down and medications. On physical examination the injured worker has tenderness to palpation of the bilateral knees and right elbow. Her bilateral lower extremities range of motion was restricted by pain in all directions. Muscle strength is 5/5 in all limbs and muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. The diagnoses associated with the request include left knee internal derangement, left knee degenerative joint disease, left knee pain, right knee internal derangement, right knee pain, and right elbow pain. The treatment plan includes physical therapy, Opana, Oxycodone, urine drug screen and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-office random 12 panel urine drug screen, provided on May 13, 2015: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

Decision rationale: The patient presents with bilateral knee pain, left worse than right, and right elbow pain. The request is for IN-OFFICE RANDOM 12 PANEL URINE DRUG SCREEN, PROVIDED ON MAY 13, 2015. The request for authorization is dated 05/20/15. The patient is status post left total knee replacement, 01/28/15. Status post total right knee replacement, 12/2010. Status post right knee arthroscopy, 2003 and 2004. Physical examination reveals tenderness upon palpation of the bilateral knees and right elbow. Bilateral lower extremity ranges of motion were restricted by pain in all directions. Patient's medications include Differin cream, Vitamins, Clindamycin lotion, Opana, Oxycodone, Lisinopril, Doxycycline and Gabapentin. Per progress report dated 06/16/15, the patient is off work. ODG-TWC Guidelines, online, pain chapter for Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Per progress report dated 05/13/15, treater's reason for the request is "given the patient's chronic opioid pain medication intake." Per progress report dated 06/24/15, treater states, "The patient's last UDS was done November 2014 (6 months prior). The patient is considered moderate risk based on medications prescribed." ODG states that once yearly screening is sufficient for chronic opiate use in low risk patient. The patient is currently prescribed Oxycodone and Opana, both opiates. Therefore, this request was medically necessary.