

<b>Case Number:</b>	CM13-0024265		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 patient is a 37-year-old female who reported a work related injury on 12/08/2009. The patient is status post right knee surgery on 04/10/2013 and left shoulder surgery 3 years ago. The patient has undergone physical therapy. The patient complains of left shoulder pain, right knee pain, and has complaints of not sleeping well. A request was made for Percocet, Temazepam, ketamine infusion, and intermittent urine toxicology screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen) and Opioids, On-going management Page(s): 78,97.

**Decision rationale:** The Physician Reviewer's decision rationale: Recent clinical documentation submitted for review stated the patient was taking Butrans, Lyrica, and Percocet. The patient was noted to be having anterior inferior pain of the right knee. Physical exam revealed a full range of motion to the knee with tenderness directly over the patellar tendon. The patient had no joint line tenderness overlying the meniscal region. The impression was noted as

the patient was progressing slowly status post arthroscopic partial synovectomy and revision plicectomy to right knee. There was some evidence of patellar tendinopathy. The treatment plan was noted for the patient to continue with physical therapy. California Chronic Pain Medical Treatment Guidelines state that Percocet is the brand name of an oxycodone and acetaminophen combination drug. Guidelines further state that ongoing management for patients taking opioids should consist of an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of documentation noting the patient's pain relief to include a pain assessment for the patient due to the use of Percocet. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There were no functional benefits noted which could be objectively measured due to the use of Percocet. As such, the request for Percocet 10/325mg #90 is non-certified.

**Temazepam 30mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia treatment.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient was assessed with sleep impairment. Recent clinical documentation stated she had trialed Temazepam 30 mg for sleep, which was not helpful for her. California Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines are not recommended for long term use because long term efficacy is unproved and there is a risk of dependence. Most guidelines limit use to 4 weeks. Official Disability Guidelines indicate that pharmacological agents should only be used for the treatment of insomnia after careful evaluation of potential causes of sleep disturbance. As such, the request for Temazepam 30mg #60 is non-certified

**Ten (10) day outpatient regime of Ketamine infusion: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine.

**Decision rationale:** The Physician Reviewer's decision rationale: California Medical Treatment Guidelines for chronic pain state that ketamine is not recommended as there is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There was no rationale provided for the use of ketamine infusion for the patient in the submitted documentation for review. Furthermore, California Medical Treatment Guidelines indicate that more study is needed to further establish the safety and efficacy of this drug. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CPS, per guidelines. Therefore, the request for ten (10) day outpatient regime of Ketamine infusion is non-certified.

**Interm. urine toxicology screens:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

**Decision rationale:** The Physician Reviewer's decision rationale: The clinical documentation submitted for review indicated the patient was taking opioids for pain management and benzodiazepines for insomnia. The patient was noted to have undergone previous urine drug screens. California Chronic Pain Medical Treatment Guidelines indicate that drug testing is recommended as an option to assess for the use or the presence of illegal drugs. Furthermore, Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification to include the use of a testing instrument. There was no evidence noted of a risk assessment screening completed for the patient. There was also no evidence of the patient falling under a high risk category for frequent urine drug screening monitoring. The patient was not noted in the submitted clinical documentation to be at risk for misuse of medications. As such, the request for interm. urine toxicology screens is non-certified.