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| Case Number: | CM13-0050385 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/15/2007 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 11/13/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain, 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 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 patient is a 52 year old male who was injured on 10/15/2007. The mechanism of injury is unknown. Prior treatment history has included Oxycodone, Pennsaid, Klonopin, and Methadone, Cosamin, Androderm, Klor-Con and Lasix. The patient has utilized a knee brace, cane, home device for leg massage with ice, physical therapy, US injection. The patient underwent a right knee arthroscopy, partial medial meniscectomy, and chondroplasty medial compartment and patellofemoral articulation, major synovitis on 08/04/2009. He underwent right knee arthroscopy and partial medial meniscectomy on 03/21/2008. Diagnostic studies reviewed include: Final Determination Letter for IMR Case Number CM13-0050385 3 MRI of the right knee performed on 06/20/2011 revealed: 1. Postop changes with small, attenuated appearance of posteromedial meniscus 2. Cartilage thinning in patellofemoral joint and medial and lateral compartments with joint effusion 3. Medial and lateral collateral ligaments are grossly intact 4. Joint effusion with pre-patellar soft tissue edema X-ray right ankle complete, 3 views, performed on 05/29/2008 revealed mild DJD involving ankle, calcaneal spurs, and soft tissue edema. R US Duplex extremity veins, unilateral performed on 11/09/2007 revealed no evidence of DVT in the right lower extremity and tibial veins in calf not identified and are indeterminate. Open MRI right knee without FLT performed on 11/12/2007 revealed posterior horn MMT extending to inferior surface with posterior meniscal cysts along medial and lateral aspect of medial tibial plateau; and small joint effusion. Urine drug toxicology dated 02/13/2013 is consistent with prescribed medications showing positive result of methadone and Oxycodone. Consulting Physician Report dated 07/31/2013 indicated the symptoms are severe. The symptoms occur fluctuating. The aggravating factors include ascending stairs, bending, daily activities, descending stairs, running, standing, twisting, walking, rolling over in the bed. The relieving factors included ice, lying down, pain medications, and cold compression. The patient is complaining of ache, deep,

piercing, stabbing, and throbbing pain. Objective findings on exam revealed memory intact. There is no motor weakness. His gait is antalgic; coordination is intact and fine motor skills are normal. The patient is diagnosed with 1) Chronic pain syndrome; 2) Pain in joint, site unspecified; 3) Hypotestosteronemia; 4) Other and unspecified derangement of medial menisci; 5) Obesity, morbid; and 6) Pain in joint involving lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. The guidelines state providers should avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is FDA-approved for detoxification and maintenance of narcotic addiction. The medical records do not clarify Methadone is being provided for detoxification and treatment of narcotic addiction. In addition, the patient's dosage and use of Methadone taken has not been detailed. Given these factors, recommendation is Methadone is not medically necessary.

KLONOPIN: Upheld

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

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, Clonazepam.

Decision rationale: According to the referenced guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Benzodiazepines are not recommended for long-term use unless the patient is being seen by a psychiatrist. The medical records do not reveal the patient has a relevant psychiatric diagnosis. Furthermore, if a diagnosis of anxiety disorder existed, a more appropriate treatment would be an antidepressant. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate and medically necessary

for this patient. Clonazepam is not recommended. Klonopin is not medically necessary and appropriate.

OXYCODONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: As per CA MTUS guidelines, Oxycodone is a highly potent form of opiate analgesic that is recommended for moderate to moderately severe pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records reviewed indicate that this patient's medication regimen has included Methadone and Oxycodone on a chronic basis. Periodic UDS should be obtained, as recommended by the guidelines. However, the medical records do not demonstrate urine drug screen obtained. The medical records do not detail pain level with and without medication use, as to demonstrate the patient obtained clinically significant pain relief and improved function as result of ongoing Oxycodone use. Furthermore, the records do not document the dose and frequency of the medication. The medical records do not establish that the opioid dosage does not exceed the maximum MED of 120 mg, as per the guidelines. Given these factors, the medical necessity of Oxycodone is not established. Recommendation is Oxycodone is not medically necessary and appropriate.

EIA 9 CHEM 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and <http://labtestsonline.org/understanding/analytes/cmp/tab/test>. Page(s): 70.

Decision rationale: The Comprehensive Metabolic Panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. If a doctor is interested in following two or more individual CMP components, she may order the entire CMP because it offers more information. The medical records do not document any current clinically relevant abnormal findings or patient complaints or medical history that would medically necessitate lab testing. According to the CA MTUS guidelines, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended.

The medical records do not establish the patient's current medication regimen has includes maintaining an NSAID therapy.

PENSAID 1.5% #30 URINALYSIS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urinalysis:
<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>.

Decision rationale: The references state urinalysis is useful as a screening and/or diagnostic tool as it can help detect substances or cellular material in the urine associated with different metabolic and kidney disorders. The medical records do not document any current clinically relevant abnormal findings or patient complaints or medical history that would medically necessitate lab testing. The medical necessity of Urinalysis is not established. Recommendation is Pensaid 1.5% #30 Urinalysis is not medically necessary and appropriate.

TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Labs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary updated 6/7/13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thyroid-stimulating Hormone--
<http://labtestsonline.org/understanding/analytes/tsh/tab/test>.

Decision rationale: According to the cited references, a thyroid panel is used to screen for or help diagnose hypo and hyperthyroidism. The TSH test is the preferred test to screen for thyroid disorders. The medical records do not document any subjective complaints, relevant medical history, or objective findings on examination that would raise concern for any thyroid disorders in this case. Consequently, the medical necessity for TSH test has not been established.

CBC WITH DIFF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Labs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary updated 6/7/13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complete Blood Count
<http://labtestsonline.org/understanding/analytes/cbc/tab/test#what> NSAIDs.

Decision rationale: The complete blood count (CBC) is often used as a broad screening test to determine an individual's general health status. It can be used to: Screen for a wide range of conditions and diseases Help diagnose various conditions, such as anemia, infection, inflammation, bleeding disorder or leukemia, to name just a few Monitor the condition and/or effectiveness of treatment after a diagnosis is established Monitor treatment that is known to affect blood cells, such as chemotherapy or radiation therapy As stated, the medical records do not document any current clinical abnormal findings or patient complaints or medical history that would medically necessitate the requested lab testing. According to the guidelines, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. The medical records do not establish the patient's current medication regimen has includes maintaining an NSAID therapy. Consequently, recommendation is CBC with diff is not medically necessary and appropriate.