MAXIMUS Federal Services

Case Number:	CM13-0058999		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2010
Decision Date:	06/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 45 year old female who sustained an injury on 09/21/10 and has been followed for complaints of low back pain radiating to the knees. The patient did have noted prior use of antiinflammatories including Mobic. Other recommendations for the patient's left knee pain included Viscosupplementation injections, the use of an unloader brace, and physical therapy. Other medications included the use of Ultram, Prilosec, and Medrol patches. The patient did have Synvisc injections completed for the left knee on 05/13/13. The patient was recommended for post-injection physical therapy. Mild relief with Synvisc injections was reported on the 06/19/13 report. There were considerations for possible hemiarthroplasty versus total knee replacement in August of 2013. Follow up with [redacted] on 10/08/13 indicated that the patient did have benefits from injections, bracing, and the use of antiinflammatories. The patient was requesting further Synvisc injections. On physical examination, there was a mildly antalgic gait without evidence of significant effusion in the left knee. Radiographs were reported to show degenerative joint disease in the left knee. Further Synvisc injections were recommended at this evaluation. Follow up on 10/29/13 reported continuing severe left knee pain. There was tenderness and crepitus noted in the left knee on physical examination with effusion noted. Range of motion was restricted to 79 degrees flexion and 11 degrees extension. Medications at this visit included Hydrocodone, Vicodin, Prilosec, and Ultram as well as Anaprox. The patient was recommended for a total left knee replacement on 10/15/13 by [redacted]. Follow up on 11/12/13 indicated the patient continued to have left knee pain with loss of left knee range of motion, effusion, and tenderness to palpation in the medial joint line. Quadriceps atrophy was noted. The report indicated there was still consideration for a possible hemiarthroplasty versus total knee arthroplasty. Follow up on 11/26/13 indicated the patient had been unable to obtain medications. Medications were recommended due to the need for a joint replacement in the left

knee. The clinical report on 12/06/13 indicated the patient had continued constant pain in the left knee that worsened with cold weather. There was continuing pain in the upper back radiating to the cervical spine at this evaluation. The clinical report on 01/08/14 indicated the patient was pending surgical approval. Physical examination findings were unchanged. The clinical reports continued to recommend ongoing use of Hydrocodone, Vicodin, Prilosec, and Ultram. These medications along with laboratory studies and urine toxicology testing was non-certified by utilization review as there was no indication that the patient was under a written opioid treatment agreement or any indication regarding potential drug abuse or other aberrant medication behaviors. There was insufficient information to establish current medication or drug information. The patient's response to narcotic medications including Vicodin, Hydrocodone, and Ultram was not documented. There was also no mention or indication of gastrointestinal side effects or increased risk factors for gastrointestinal complications with the use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS (URINE TOXICOLOGY TESTING): Upheld

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.

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, Urine Drug Testing.

Decision rationale: In regards to the requested urinary toxicology testing for this patient, it does not appear that the patient has recently been provided any narcotic medications; although these have been prescribed. From the clinical reports, it does not appear that the patient has been provided any narcotic medications to date. The clinical documentation did not identify any particular aberrant medication use with prior narcotic prescription medications. There are also no recent long term opioid risk assessments provided for review indicating elevated risk factors for medication abuse or non-compliance that would support the use of urinary toxicology testing. Therefore, this reviewer would not recommend certification for urinary toxicology testing at this point in time.

LABS. TO CHECK LIVER FUNCTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard Textbooks of Medicine (EG, Harrison, Washington Manual Of Medical Therapeutic).

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, Dicofenac.

Decision rationale: The patient has been utilizing Anaprox for a substantial amount of time. There are noted possible complications in regards to liver function from long term use of anti-inflammatories. As the patient has documented use of anti-inflammatories for a long period of time, the requested for Laboratory Studies to check the patient's liver function is medically necessary.

HYDROCODONE 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 108-130.

Decision rationale: In regards to the requested Hydrocodone, the clinical documentation submitted for review does not establish any functional benefit that was obtained with previous use of narcotic medications. The clinical documentation does not provide any specific rationale regarding the use of short term narcotics other than the indication that the patient has severe degenerative joint disease. From the clinical documents, the efficacy from narcotic medications in addressing chronic osteoarthritic conditions is not established. Given the lack of any clear indication for the use of narcotic medications including Hydrocodone at this time, the request is not medically necessary.

VICODIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Criteria for use Page(s): 108-130.

Decision rationale: In regards to the requested Vicodin, the clinical documentation submitted for review does not establish any functional benefit that was obtained with previous use of narcotic medications. The clinical documentation does not provide any specific rationale regarding the use of short term narcotics other than the indication that the patient has severe degenerative joint disease. From the clinical documents, the efficacy from narcotic medications in addressing chronic osteoarthritic conditions is not established. Given the lack of any clear indication for the use of narcotic medications including Vicodin at this time, the request is not medically necessary.

PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk..

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, Proton Pump Inhibitors.

Decision rationale: In regards to Prilosec, the clinical documentation submitted for review did not mention any specific gastrointestinal side effects with medication use or evidence of any diagnosis regarding gastroesophageal reflux disease. Without any indications for gastroesophageal reflux disease or substantial gastrointestinal side effects from medications, the request is not medically necessary.

ULTRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Criteria for use Page(s): 108-130.

Decision rationale: In regards to the requested Ultram, the clinical documentation submitted for review does not establish any functional benefit that was obtained with previous use of narcotic medications. The clinical documentation does not provide any specific rationale regarding the use of short term narcotics other than the indication that the patient has severe degenerative joint disease. From the clinical documents the efficacy from narcotic medications in addressing chronic osteoarthritic conditions is not established. Given the lack of any clear indication for the use of narcotic medications including Ultram at this time, the request is not medically necessary.