

Case Number:	CM14-0002390		
Date Assigned:	01/24/2014	Date of Injury:	01/02/1980
Decision Date:	07/07/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Medicine 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 65 year old male who was injured on 01/02/1980. The mechanism of injury is unknown. The patient underwent revision of total knee arthroplasty both component on 09/18/2013. The patient medications as of 12/19/2013 include (VAS with medications is 6/10; without medications 10/10) Vicodin Extra Strength, Norco, Lidoderm patch and Percocet 10/325. The last urine drug screen dated 11/12/2013 revealed oxycodone and oxymorphone were detected and results are consistent with prescribed medication. Diagnostic studies reviewed include x-ray of right knee on 12/19/2013 revealed components are in good alignment without evidence of loosening. PR2 dated 12/10/2013 reports the patient is status post revision of right total knee arthroplasty. The patient reports the knee is painful but he is gradually making improvement. He is symptomatic with low back pain, bilateral knee pain and left elbow pain. He states mainly he has right knee pain following his right knee replacement revision. He denied any accidents or injury. The primary total knee arthroplasty was in 09/2010. The patient notes significant functional improvement with medications. He reported he is unable to attend physical therapy without medications and with medications, he can attend twice a week. His goal was to attempt to ambulate for longer distances. He showed no evidence of drug seeking behavior. He is taking medications as prescribed and has signed an opiate agreement and has remained compliant with its terms. He reports no side effects. Objective findings on exam revealed an antalgic gait and was utilizing a single point cane for ambulation and stability. Examination of the lumbar spine shows moderate bilateral paraspinous tenderness. There is no palpable muscle spasm present. Range of motion of lumbar spine exhibits flexion to 45 degrees; extension to 10 degrees; bilateral lateral motion to 15 degrees. Straight leg raise test was negative bilaterally. Muscle testing is 5/5 in all planes. The right knee revealed a well-healed scar. He has postoperative tapping in place. The patient is diagnosed with lumbosacral spine

strain/sprain with bilateral lower extremity radicular pain; status post total knee replacement in 09/2010 with revision arthroplasty on 09/18/2013. The treatment and plan included a request for authorization for patient to continue Percocet up to 4 a day for moderate to severe breakthrough pain; post-operative physical therapy currently 3 times a week and follow-up in one month. Prior UR dated 12/13/2013 states the request for Percocet 10/325 mg is non-certified as there is a lack of documentation of clinical findings. The request for Urine drug screen is non-certified due to lack of documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR PERCOCET 10/325MG, #120: 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 Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Percocet "Oxycodone" is a short-acting opioid that is recommended for intermittent or breakthrough pain. The medical records document the patient was diagnosed with lumbosacral spine strain/sprain with bilateral lower extremity radicular pain; status post total knee replacement with revision. The patient has been on Percocet since 12/19/2013. In the absence of documented significant improvement of pain and function and as this medication is indicated for short-term use only, the request is not medically necessary according to the guidelines. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The request is not medically necessary.

ONE RANDOM URINE DRUG SCREENING 4 TIMES A YEAR: 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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: According to the CA MTUS guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction and opioids, steps to avoid misuse/addiction. According to the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. The medical records document the patient was diagnosed with lumbosacral spine strain/sprain with bilateral lower extremity radicular pain; status post total knee replacement with revision. The urine drug

screen dated 11/12/2013 revealed oxycodone and oxymorphone were detected and results are consistent with prescribed medication. In the absence of documented aberrant behavior or dependence or any other significant signs that can classify the patient at high risk for opioid use, the request is not medically necessary according to the guidelines. Therefore, the request is not medically necessary.