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| Case Number: | CM14-0015516 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 11/24/2010 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 02/06/2014 |

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 Management, and is licensed to practice in Minnesota. 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 injured worker is a 60-year-old with a reported date of injury on November 24, 2010. The mechanism of injury occurred when a pallet jack struck her ankle. Her diagnoses were noted to include medial meniscal tear to the right knee, strain/sprain to the right ankle, and status post right knee arthroscopy, meniscectomy, and chondroplasty dated October 27, 2011, and status post right unicompartamental knee arthroscopy dated March 14, 2013. Her previous treatments were noted to include physical therapy, home exercises, and pain medications. The progress report dated February 5, 2014 reported the injured worker complained of right knee pain rated 4/10. The physical examination revealed tenderness in the medial joint and patellofemoral joint of the right knee. The Request for Authorization Form dated February 5, 2014 was for a urine drug screen at the next appointment for medication compliance. The Request for Authorization Form for the medications was not submitted within the medical records. The request was for Norco 10/325 mg #100 for severe pain, and Motrin 800 mg #90 with three refills. The provider's rationale for Motrin was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 80.

Decision rationale: The injured worker has been taking this medication since at least August of 2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numeric scale with the use of medications. There is a lack of documentation regarding improved functional status, such as activities of daily living as well as a lack of documentation regarding aberrant drug-taking behaviors. Therefore, a lack of evidence of decreased pain on a numeric scale with the use of the medications, improved functional status such as activities of daily living, and documentation indicating a lack of aberrant drug-taking behaviors or a previous urine drug screen, it is unknown that Norco is appropriate at this time. Additionally, the request failed to provide the frequency at which the medication is to be utilized. The request for Norco 10/325mg, 100 count, is not medically necessary or appropriate.

MOTRIN 800MG #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): page 67..

Decision rationale: The injured worker has been taking Motrin since at least October of 2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs for osteoarthritis of the knee and hip and acute exacerbations of back pain. The guidelines recommend the lowest dose for the shortest period an injured worker is with moderate to severe pain. The guidelines also state acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines also state there is no evidence to recommend one drug in this class over another based on efficacy. The injured worker has been on this medication for over six months, there is a lack of documentation regarding the efficacy of this medication as evidenced by increased function and decreased pain. Additionally, the injured worker stated NSAIDs are not effective enough. The request for additional refills would not be indicated as the efficacy of each prescription would have to be monitored prior to giving additional prescriptions for the medication. Additionally, the request failed to provide the frequency at which the medication is to be utilized. The request for Motrin 800mg, ninety count with three refills, is not medically necessary or appropriate.

OUTPATIENT URINE DRUG SCREEN (UDS): 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): page 43..

Decision rationale: There is a lack of documentation regarding a previous drug screen performed. The California Chronic Pain Medical Treatment Guidelines recommend a urine drug screen be used to assess for the use or presence of illegal drugs and may be required if there is suspected non-compliance or to avoid misuse or abuse of opioids. The documentation reported the injured worker utilizes opioid pain medication as needed when NSAIDs are not effective enough and, due to the lack of documentation provided to show the injured worker had a history of misuse of medications or aberrant behavior, the request is not supported. There is a lack of documentation regarding the previous urine drug screens performed to show consistency with the prescribed medication therapy. There was no documentation within the provided medical records indicating when the last urine drug screen was performed. The request for an outpatient UDS is not medically necessary or appropriate.