

<b>Case Number:</b>	CM14-0151131		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 68 year old male who was injured on 2/1/2011. He was diagnosed with contusion of the left knee, osteoarthritis of the knee, chondromalacia patella, medial meniscal tear, and knee joint pain. He was treated with surgery (left total knee replacement) and medications, including opioids, which he used chronically for years. He was also treated with physical therapy. The most recent progress note prior to the request was dated 8/6/14, when the worker was seen by his primary treating physician complaining of ongoing left knee pain rated at 5/10 on the pain scale which worsens with prolonged usage, even while taking Vicodin. He was then recommended to remain off of work. Later, a request for continuation of Vicodin and adding Tylenol #4 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/300MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using Vicodin chronically for many years leading up to this request and from the review of the records provided for review, particularly the more recent reports, there was insufficient evidence that this full review was completed. There was no documented evidence of functional benefit from Vicodin's use as this was not reported in the progress notes. Without this documented evidence of benefit and with the worker not having returned to work, the Vicodin will be considered medically unnecessary.

**TYLENOL NO.4 300-60MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, he had been using Vicodin chronically for many years and was then recommended by his primary treating physician to add on Tylenol #4 (acetaminophen/codeine) for further pain control and to help be able to reduce the amount of Vicodin, according to the notes provided for review. Tylenol #4 is medically unnecessary.

**1 URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, p. 43, AND Opioids Page(s): 77, 78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no evidence found in the notes provided for review suggesting any issues with drug abuse, addiction, or abnormal behaviors which might warrant periodic testing. Therefore, the urine drug testing is not medically necessary.