

Case Number:	CM14-0030856		
Date Assigned:	06/25/2014	Date of Injury:	11/15/2005
Decision Date:	08/19/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/11/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 11/15/2005, due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his right knee. The injured worker's treatment history included a ██████ Weight Loss Program, and multiple medications for pain control. The injured worker was evaluated on 02/04/2014. It was noted the request for authorization for an orthopedic evaluation for viscosupplementation versus total joint replacement had been authorized. It was also noted in the submitted documentation that the injured worker had failed to respond to a tapering of his opioid medications. It was noted that the injured worker showed no evidence of drug seeking behavior. Physical findings included significant tenderness to the right shoulder with restricted range of motion secondary to pain, tenderness to the midline lumbar spine from the L4 to the S1 with moderate muscle spasming in the right paralumbar musculature with restricted range of motion secondary to pain, and tenderness to palpation over the medial and lateral joint lines of the left knee. The injured worker's diagnoses included status post ACL reconstruction and partial tear of the ACL graft of the right knee, aggravation of pre-existing symptomatic lumbar condition, bilateral lower extremities neuropathic pain, pre-existing depression worsened by chronic pain and disability on the right knee, increasing left knee pain, hypogonadism secondary to chronic opioid usage, and right shoulder pain. The request was made for a refill of medications, a urine drug screen, and a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, 4 times daily, QTY: 150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Weaning, Opioids (specific guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Percocet 10/325 mg 4 times daily quantity 150 is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the injured worker had attempted a weaning schedule that resulted in a significant loss of function and increase in pain. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does include that the injured worker has significant pain relief and functional benefit resulting from medication usage. Additionally, it is noted within the documentation that the injured worker does not have any evidence of aberrant behavior and is monitored with urine drug screens. As the injured worker has failed to respond to a trial of weaning, continued use of this medication would be indicated in this clinical situation. As such, the requested Percocet 10/325 mg 4 times daily quantity 150 is medically necessary and appropriate.

Random Urine Drug Screening once each quarter (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): 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Screens.

Decision rationale: The request random urine drug screening once each quarter (4 times a year) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of drug testing to assess for compliance to a prescribed medication schedule. However, the frequency of testing is not addressed in these guideline recommendations. Official Disability Guidelines recommend testing up to 1 to 2 times per year for patients who are at low risk for aberrant behavior. The clinical documentation does indicate that the injured worker has depressive symptoms. However, the injured worker has always had these symptoms and never had any evidence of aberrant behavior. Therefore, the injured worker's diagnosis of depression would not contribute to the injured worker's level of risk. Therefore, the need for quarterly testing is not supported. As such, the request random urine drug screening once a year each quarter (4 times a year) is not medically necessary or appropriate.

Psychological Evaluation for specific training and coping mechanism, biofeedback and cognitive behavioral therapy by [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (<http://www.odg-twc.com/odgtwc/pain.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100.

Decision rationale: The requested psychological evaluation for specific training and coping mechanisms, biofeedback, and cognitive behavioral therapy by [REDACTED] is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends psychological evaluation for patients who are at risk for delayed recovery and have complicating diagnoses that interfere with treatment. The clinical documentation submitted for review does indicate that the injured worker has an element of depression that is exacerbated by chronic pain. Therefore, a psychological evaluation to determine the appropriateness of training and further cognitive behavioral therapy would be supported in this clinical situation. As such, the requested psychological evaluation for specific training and coping mechanism, biofeedback, and cognitive behavioral therapy by [REDACTED] is medically necessary and appropriate.