

Case Number:	CM14-0052596		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2009
Decision Date:	09/10/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 injured worker is a 46-year-old male who reported injury on 08/01/2009 due to continuous trauma. The injured worker has diagnoses of bilateral knee pain, bilateral knee internal derangement, status post total knee replacement, chronic pain syndrome, chronic pain related insomnia, chronic pain related depression, right shoulder impingement, right shoulder pain, fibromyalgia and total body pain. The injured worker's past medical treatment includes surgery, the use of a TENS unit, physical therapy, aquatic therapy and medication therapy. Medications include Zofran 8 mg 1 sublingual tablet every 8 hours, trazodone 50 mg 2 tablets at bedtime, Opana ER 40 mg 1 tablet in the am, 2 tablets at noon, and 1 tablet at bedtime, Roxycodone 30 mg 1 tablet every 6 hours, Prilosec 20 mg 2 tablets, baby aspirin 81 mg 1 tablet every day and Compazine 5 mg by mouth every 6 hours. A drug screen was submitted on 10/23/2013 showing that the injured worker was compliant with his prescribed medications. The injured worker underwent bilateral knee total replacement. It is not documented when his surgery took place. The injured worker complained of pain in his left shoulder, lower back and his knee. The injured worker rated his pain at an 8/10 and 10/10 without. He stated that the nausea was under control and not as bad. The 3 most recent progress notes failed to report any objective physical examinations on the injured worker. The treatment plan for the injured worker is to get authorization for a urine drug screen, and to continue medications which consist of MS Contin, Norco, Generlac, Flector patch and LG hot ointment. The rationale for the medications is that overall the injured worker is stable and managing his pain medications effectively, except for every once in a while has a flair up. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page(s) Page(s): 43.

Decision rationale: The request for Urine Drug Screen is non-certified. The injured worker complained of pain in his left shoulder, lower back and his knee. The injured worker rated his pain at an 8/10 and 10/10 without. A drug screen was submitted on 10/23/2013 showing that the injured worker was compliant with his prescribed medications. The Medical Treatment Utilization Schedule (MTUS) guidelines state using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are one of the steps used to take before a therapeutic trial of Opioids and on-going management of opioids. They are also used to differentiate dependence and addiction. The injured worker is being prescribed opioids and periodic quantitative drug screen to monitor prescription medication compliance and/or potential substance abuse, which is guideline supported. However, the submitted documentation stated that the injured worker underwent a drug screen on 02/13/2014, but the report for this date of service was not provided for review. Based on the currently available information submitted for review, the medical necessity for an additional drug screen has not been established. As such, the request for a urine drug screen is non-certified.

Zofran 8mg, qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference, 2009, page 1688.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for Zofran 8mg, qty 90 is non-certified. ODG guidelines state that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. The submitted report showed that the injured worker had been Zofran since about 12/02/2013. Guidelines state that the use of Zofran should be short-term, not long term for chronic use. The side effects should diminish over days to weeks. If not, then other etiologies of symptoms should be evaluated. As such, the medical necessity of Zofran is unclear. Furthermore, progress note dated 06/17/2014, revealed that the injured worker stated that he had not had any nausea or headaches. Given that the injured worker is not within the MTUS

guideline criteria and the dose, quantity and frequency of the Zofran were not submitted with the request, the request for Zofran 8 mg is non-certified.

Opana ER 40mg, qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Oxymorphone (Opana), Oxymorphone Extended Release (Opana ER) Page(s): page(s) 78 and 93.

Decision rationale: The request for Opana ER 40mg, qty 120 is non-certified. The injured worker complained of pain in his left shoulder, lower back and his knee. The injured worker rated his pain at an 8/10 and 10/10 without. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There was no documentation rating the injured worker's pain before, during, and after the use of Opana ER. There was also no mention of side effects or how long the medication worked for. The submitted report indicated that the injured worker had been Opana ER since at least 04/15/2011. The MTUS Guidelines also state that there is to be the use of drug screening or inpatient treatment with issues of abuse, addiction and/or pain control. The submitted report only included 1 drug screen dated 10/23/2013. Consideration of a consultation with multidisciplinary pain clinic should be considered if the injured worker is not receiving pain relief or improvement on opioids within 3 months. Furthermore, the MED total exceeds the recommended 120 by the MTUS. As such, the request for Opana ER 40 mg is non-certified.

Roxicodone 30mg, qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Roxicodone) Oxycodone hydrochloride Page(s): 51,78.

Decision rationale: The request for Roxicodone 30mg, qty 120 is non-certified. The injured worker complained of pain in his left shoulder, lower back and his knee. The injured worker rated his pain at an 8/10 and 10/10 without. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain;

intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There was no documentation rating the injured worker's pain before and after the Roxicodone. There was also no mention of side effects or how long the medication worked. There was no mention as to how long the injured worker had been on the Roxicodone. The MTUS Guidelines also state that there is to be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There was no documentation rating the injured worker's pain before, during, and after the Roxicodone. There was also no mention of side effects or how long the medication worked for. There was no mention as to how long the injured worker had been on the Roxicodone. The MTUS Guidelines also state that there is to be the use of drug screening or inpatient treatment with issues abuse, addiction, or poor pain control. There was 1 urinalysis submitted for review that was dated 10/23/2013. Furthermore, the MED total exceeds the recommended 120 by the MTUS Guidelines. Given that the request did not specify a duration or frequency and the request is not within the MTUS Guidelines, the request for Roxicodone 30 mg 120 capsules is non-certified.

Trepadone, qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation 2012 on the web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 02/14/2012), Use of medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food (Trepadone).

Decision rationale: The request for Trepadone, qty 120 is non-certified. The Official Disability Guidelines state that Trepadone is made up of a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered for the use of this product the person must, at a minimum, meet the following criteria to include (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Given the above, the injured worker does not meet the Official Disability Guideline requirements for Trepadone. The submitted report lacked any quantified evidence showing that the injured worker had any nutritional deficits, diseases or conditions for which the injured worker would need the Trepadone. The guidelines also stipulate that a person taking Trepadone is usually a tube feeder or has problems with oral foods. There was no evidence noted in the reports that this would apply to the injured worker. As such, the request for Trepadone 120 tablets is non-certified.

Percura, qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation 2012 on the web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 02/14/2012), Use of medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food (Percura).

Decision rationale: The request for Percura, qty 120 is non-certified. The Official Disability Guidelines state that Percura is made up of a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered for the use of this product the person must, at a minimum, meet the following criteria to include (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Given the above, the injured worker does not meet the Official Disability Guideline requirements for Percura. The submitted report lacked any quantified evidence showing that the injured worker had any nutritional deficits, diseases or conditions for which the injured worker would need Percura. The guidelines also stipulate that a person taking Percura is usually a tube feeder or has problems with oral foods. There was no evidence in the noted report that this would apply to the injured worker. As such, the request for Percura 120 tablets is non-certified.

Gabadone, qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation 2012 on the web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 02/14/2012), Use of medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food (Gabadone).

Decision rationale: The request for Gabadone, qty 120 is non-certified. The Official Disability Guidelines state that Gabadone is made up of a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered for the use of this product the person must, at a minimum, meet the following criteria to include (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are

distinctive nutritional requirements; (3) the product must be used under medical supervision. Given the above, the injured worker did not meet the ODG guideline requirements for Gabadone. The submitted report lacked any quantified evidence showing that the injured worker had any functional deficits, diseases or conditions for which the injured worker would need Gabadone. The guidelines also stipulate that a person taking Gabadone is usually a tube feeder or has problems with oral foods. There was no such evidence noted in the submitted report that would apply to the injured worker. As such, the request for Gabadone 120 tablets is non-certified.