

Case Number:	CM14-0181824		
Date Assigned:	11/06/2014	Date of Injury:	12/16/2010
Decision Date:	03/06/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female worker with a date of injury of December 16, 2010. The mechanism of injury is unknown. Diagnoses include right knee pain, osteoarthritis, chronic pain and status post right knee arthroscopy times two. On January 7, 2015, she complained of low back pain radiating down the bilateral lower extremities accompanied by muscle weakness. She also complained of lower extremity pain in the right knee and leg. Her pain was aggravated by activity, standing and walking. She rated her pain as an 8 on a 1-10 pain scale with medications and as a 10 on the scale without medications. Physical examination revealed tenderness on palpation and moderate swelling at the right knee. The range of motion of the right knee was decreased due to pain. A motor exam showed decreased strength of the extensor muscles and in the flexor muscles in the right lower extremity. There was crepitus with painful range of motion. At the time of examination, the injured worker was wearing a right lower extremity brace. Medications and physical therapy were listed as treatment. On January 7, 2015, notes stated that the injured worker completed 4 weeks of physical therapy and reported improved pain control and functional improvement. A request was made for Norco 5/325 mg #90 and urine drug test. On October 23, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity bilaterally. The request is for NORCO 3/325mg #90. The patient is currently taking Hydrocodone/APAP and Cartivisc. The patient has been on Hydrocodone/APAP prior to 01/08/14. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater provides urine drug screening report, CURES and a pain contract for opiate monitoring. The 10/15/14 progress report indicates that the patient is a long-term user of opioids. The 4A's criteria for continued therapy have been met. The opioid analgesic effect has allowed this patient to increase/maintain activities of daily living and function without significant adverse drug side effects. The treater provides specific ADLs such as ability to attend church, bathing, brushing teeth, cleaning, concentrating, doing laundry, dressing, driving, mood, sexual relations, shopping, sitting, standing and tying shoes. The treater also states that the pain level has been down from 7/10 to 4/10 with medication, and the pain relief lasts for 5 hours. The treater provides documentation demonstrating efficacy for chronic opiate use. Therefore, the request IS medically necessary and should be slowly tapered per MTUS.

Urine Drug Test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Drug testing Page(s): 77,43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity bilaterally. The request is for URINE DRUG SCREEN. The patient has been utilizing Opioids for a long time. The patient underwent urine drug screen on 01/08/14. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening (UDS) should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate

use in low risk patient. In this case, this patient has been utilizing Opioids for a long time, such as Hydrocodone/APAP. ODG guidelines allow UDS once a year following the initial UDS. The recent UDS was on 01/08/14. The request IS medically necessary.