

Case Number:	CM15-0143059		
Date Assigned:	08/04/2015	Date of Injury:	12/09/1971
Decision Date:	09/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 73 year old male, with a reported date of injury of 12-09-1971. The mechanism of injury was the lifting of a patient from the bed to a wheelchair. The right knee got caught between the bed and the wheelchair, which caused an injury. The injured worker's symptoms at the time of the injury included right knee pain. The diagnoses include right knee joint pain, chronic pain, and right knee osteoarthritis. Treatments and evaluation to date have included oral medications, eight right knee surgeries including a total knee arthroplasty on 10-18-2011, topical pain medication, physical therapy, and a cold therapy unit. The diagnostic studies to date have included multiple urine drug screenings which were consistent for opioids. According to the medical report dated 02-28-2013, the injured worker had x-rays of the right knee which showed a well-placed total knee arthroplasty on the right and no change; and a urine drug screen which was consistent. The 07-15-2011 report indicates that the injured worker had x-rays of the right knee which showed "terrible arthritis". The medical report dated 09-04-2012 mentioned a urine drug screen dated 07-16-2012. The visit note dated 06-16-2015 indicates that the injured worker presented with chronic right knee pain. He stated that he only used Norco, two tablets per day, but did not feel that it was enough to cover his pain. It was noted that the injured worker had tried topical pain patches and Methadone in the past but failed. The objective findings include an antalgic gait, and use of a single point cane. There was documentation that the injured worker was recommended to have another right knee surgery for scar tissue removal over the patella; however, the injured worker was diagnosed with probable deep vein thrombosis and pulmonary embolism, and was still on Coumadin therapy. Therefore, the surgery was on

hold until the completion of Coumadin therapy and is cleared for surgery. The treatment plan included switching back to Kadian, which he tolerated well without side effects. The plan also included increasing the Norco to one tablet three times a day until able to get the Kadian. The injured worker's status was totally temporarily disabled pending a total knee replacement. After an adequate time of recuperation from the right knee surgery, the injured worker would be made permanent and stationary. The treating physician requested Kadian with three refills, Norco, Lactulose with three refills, and Docusate sodium with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian extended release 30mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (morphine sulfate) and Opioids Page(s): 56 and 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Kadian is a brand of morphine sulfate. Morphine is the most widely used type of opioid pain medication for the treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. The extended release capsules of Kadian may be dosed once or twice daily. The guidelines state that "The 100mg and 200mg capsules are intended for opioid tolerant patients only. MS Contin doses should be individually tailored for each patient." The treating physician prescribed Kadian 250mg twice a day, with three refills. The request exceeds the guideline recommendations. The injured worker has been taking Kadian since at least 05-25-2010. The guidelines also state that the on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. It was noted that the injured worker continued to feel that the Kadian helped to reduce his pain by about 50%. Without Kadian, he stated that he was not able to perform much activities of daily living. It was noted that the injured worker stayed at home and was not able to perform much activities around the house. He stated that with the use of Kadian, he was able to exercise better with less pain and was able to perform light cleaning better with less pain. It was noted that the injured worker was tolerating the medication well without side effects. The injured worker used generic morphine when he was denied for Kadian. It was noted that it helped, but he could not tolerate it due to gastrointestinal (GI) upset. He weaned off morphine, and was only using Norco, which was not enough to cover his pain. The injured worker's function has been declining. Based on the injured workers satisfactory response to Kadian, the continued use appears appropriate and is medically necessary.

Norco 10-325mg #150: Overturned

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): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 05-25-2010. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation notes that the injured worker experiences up to 50% improvement in pain and function with the use of opioids. Several random drug tests which have been consistent with treatment were performed. The continued use of Norco appears appropriate. Therefore, the request for Norco is medically necessary.

Lactulose 10gm/15ml with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/lactulose.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR.net) / Constulose (lactulose).

Decision rationale: Per the MTUS, prophylactic treatment of constipation should be started when initiating therapy with opioids. Lactulose is an osmotic laxative used in the treatment of constipation. The injured worker is on chronic opioid therapy and is at increased risk for constipation based on his advanced age, therefore the continued use of Lactulose is appropriate and therefore the request for Lactulose 10gm/15ml with 3 refills is medically necessary.

Docusate sodium 250mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/docusate-sodium.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR.net) / Colace (Docusate).

Decision rationale: Per the MTUS, prophylactic treatment of constipation should be started when initiating therapy with opioids. Docusate is a stool softener used for relief from occasional constipation (irregularity). The injured worker is on chronic opioid therapy and is at increased risk for constipation based on his advanced age. However, it is not clear why he is being prescribed both Lactulose and Docusate, without this information medical necessity for continued use is not established therefore the request for Docusate sodium 250mg #60 with 3 refills is not medically necessary.