

Case Number:	CM15-0166664		
Date Assigned:	09/04/2015	Date of Injury:	10/22/2004
Decision Date:	10/09/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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: California, Hawaii

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:

The injured worker is a 50 year old male, who sustained an industrial injury on 10-22-2004. He reported right knee pain. Diagnoses have included lumbar disc protrusions, lumbar radiculopathy, facet osteoarthropathy, left knee osteoarthropathy, right knee osteoarthropathy and chronic back injury. Treatment to date has included knee surgery, physical therapy, magnetic resonance imaging (MRI), knee injections and medication. According to the progress report dated 7-17-2015, the injured worker complained of low back pain with right greater than left lower extremity symptoms rated seven out of ten. He complained of left knee pain rated five out of ten and right knee pain rated six out of ten. Objective findings revealed tenderness of the lumbar spine. Lumbar range of motion was limited with pain. There was tenderness of the left and right knees. Authorization was requested for Hydrocodone and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The patient presents with low back pain with right greater than left lower extremity symptoms and bilateral knee pain. The current request is for Hydrocodone 7.5mg, quantity 60. The treating physician states on 6/26/15 (301B) "Patient is essentially nonfunctional at times without Hydrocodone 7.5mg twice a day. Taper is however encouraged. We will monitor closely." The physician notes on 7/17/15 (324B) this medication facilitates maintenance of ADLs and adherence to physical methods. For chronic opiate use, MTUS Guidelines pages 88 and 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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, there is no discussion regarding analgesia or aberrant behaviors. Additionally, there is no documentation of a 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. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

Retrospective (DOS: 7/17/15) Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Pain Chapter, Urine drug testing (UDT).

Decision rationale: The patient presents with low back pain with right greater than left lower extremity symptoms and bilateral knee pain. The current request is for a urine drug screen. The treating physician states on 6/26/15 (301B) "Initiated urine toxicology screen in compliance with guidelines." This report notes the patient falls into the "High Risk" group due to poor response to opioids in the past two years, depression and no return to work for a period of several months. MTUS guidelines recommend urine toxicology drug screenings (UDS) for patients that are taking opioids to avoid their misuse. MTUS guidelines additionally define steps to avoid misuse of opioids, and in particular, for those at high risk of abuse as frequent random urine toxicology screens. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. ODG states that the "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." It recommends once yearly urine screens following initial and screening within the first 6 months for management of chronic opiate use in low risk patient. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. In this case, the treating physician records do not document active substance abuse disorders. The current request is not medically necessary.