

Case Number:	CM15-0189208		
Date Assigned:	10/01/2015	Date of Injury:	06/11/2013
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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

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 43 year old male who sustained an industrial injury on 6-11-2013. A review of medical records indicates the injured worker is being treated for status post left knee arthroscopy on 7-20-2015. Medical records dated 8-20-2015 noted left knee pain rated a 6 out of 10. Medical report dated 8-6-2015 noted pain a 7 out of 10. Physical examination dated 8-20-2015 noted arthroscopic portals were well healed. There were no signs of infection. Range of motion was 0-90 degrees. It was noted he favored his right lower extremity with ambulation. Treatment has included physical therapy, surgery, tramadol, and hydrocodone since at least 2-17-2015. Medications facilitates improve tolerance to activity. MRI of the left knee dated 1-20-2015 revealed radial tear involving the posterior horn of the medial meniscus. Toxicology monitoring noted inconsistent with prescribed medications. Utilization review form dated 9-4-2015 modified Hydrocodone 10mg and noncertified 1 urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for HYDROCODONE 10MG. Treatment has included physical therapy, left knee arthroscopy on 7-20-2015, tramadol and hydrocodone. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/06/15, the patient is status post left knee arthroscopy on 07/20/15 and presents with continued pain. Physical examination noted arthroscopic portals were well healed, with no signs of infection. Range of motion was 0-90 degrees. The patient favored his right lower extremity with ambulation. The treater requested a refill of medications and a UDS. The patient has been prescribed Hydrocodone since at least 02/17/15. Per report 02/17/15, the patient reported left knee pain as 08/10. He is taking hydrocodone for pain relief, and denies side effects. The patient had an inconsistent UDS on 02/17/15, which was not addressed by the treater. MTUS guidelines require analgesia via a validated scale (with before and after ratings), and activity-specific functional improvements. In this case, the provider does include activity-specific improvements attributed to the use of Norco. Without more specific functional improvements, the continuation of Norco cannot be supported and this patient should be weaned per MTUS. Therefore, the request IS NOT medically necessary.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Urine Drug Testing.

Decision rationale: The current request is for URINE DRUG TEST. Treatment has included physical therapy, left knee arthroscopy on 7-20-2015, tramadol and hydrocodone. The patient is not working. MTUS, Drug Testing Section, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines,

Pain chapter under Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. 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." Per report 08/06/15, the patient is status post left knee arthroscopy on 07/20/15 and presents with continued pain. The treater requested a refill of medications and a UDS. The patient had a UDS on 02/17/15 which was inconsistent showing negative for tramadol and Hydrocodone. The inconsistent results were not addressed, but repeat UDS were done on 05/07/15, 07/08/15 and 08/06/15. ODG considers patients to be in the "high risk" category if there is indication of "active substance abuse disorders" This is not the case for this patient. The treater states that the patient is at high risk due to "poor response to opioids, depress, and no return to work for period of several months." With no indication of substance abuse. ODG does allow for confirmatory testing when there is an unexpected result, but the patient has had 4 UDS thus far, which is considered excessive. Therefore the request IS NOT medically necessary.