

Case Number:	CM15-0189863		
Date Assigned:	10/30/2015	Date of Injury:	05/24/2010
Decision Date:	12/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old female sustained an industrial injury on 5-24-10. Documentation indicated that the injured worker was receiving treatment for chronic bilateral knee pain with osteoarthritis. The injured worker underwent right total knee replacement on 12-19-14. The injured worker received postoperative physical therapy, ice and heat contrast therapy and medications. In a PR-2 dated 6-25-15, the injured worker reported "slight" improvement to the right knee but complained of ongoing decreased range of motion and pain. The injured worker's pain was not quantified. Physical exam was remarkable for mid joint line tenderness to palpation with a limping ambulation. X-rays taken during the office visit showed no increase in osteoarthritis. The treatment plan included additional physical therapy, an interferential unit, ice and heat contrast therapy and a prescription for Roxicodone. In a progress note dated 8-13-15, the physician noted that the injured worker was beginning to get better. The injured worker stated that she was gaining strength in her legs but that she was "quite depressed" secondary to her industrial injury and chronic pain. Physical exam was remarkable for "tenderness about her bilateral knees". The physician noted that the injured worker was well-developed, well-nourished and in mild distress. The treatment plan included a psyche consultation, a urine drug screen and a prescription for Roxicodone. On 8-31-15, Utilization Review modified a request for Roxicodone 15mg #90 to Roxicodone 15mg #60 and noncertified a request for a psyche consult and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request and therefore the request is medically necessary.

Roxicodone 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.