

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0190810 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 07/08/2008 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/16/2015 |
| 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: 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 37 year old male who sustained an industrial injury on 7-8-08. The medical records indicate that the injured worker is being treated for lower leg joint pain; depression; muscle spasms; anxiety; lumbago; radicular syndrome of thoracic-lumbosacral spine. He currently (9-3-15) indicates that his right knee pain is now 3 out of 10 and is in the right anterior knee; recent onset of axial low back pain with muscle spasms and radicular left lower extremity pain with a pain level of 7 out of 10. On physical exam the right knee had moderate swelling, 2+ effusion, tenderness to palpation, patellofemoral joint crepitus; lumbar spine had muscle spasms bilaterally, tenderness to palpation, positive straight leg raise on the left, limited range of motion due to pain and spasms. He has been treated with a right knee replacement (5- 20-15); medications: Norco (which is being weaned from 8 tablets per day to 4 per the 9-3-15 note and this allows him 70% relief of low back and right knee pain allowing him to get through physical therapy; he has been on Norco since at least 2-5-15), Naprosyn, Prilosec, Effexor, Tramadol, Valium, Toradol, Percocet, Anaprox; physical therapy which caused increased pain. Laboratory evaluations regarding drug screening were not available. The request for authorization dated 9-9-15 was for Norco 10-325mg #120; urine drug screen to be done 10-1-15. On 9-16-15 Utilization review non-certified the requests for Norco 10-325mg #120; Urine drug screen to be done 10-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The medical records indicate the patient has ongoing right knee pain following right knee arthroplasty. The current request is for Norco 10/325mg #120. The attending physician in his report dated 8/6/15, page (272B), states "we will continue monitoring his post-operative pain. He has been taking up to 6/day of the Norco 325mg, so we will taper down to 4 x a day dosing of Norco." As per MTUS guidelines, the criteria for the use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. Furthermore, long-term use of opiates is not supported by evidence-based guidelines. Documentation of functional improvement has not been established. There have been multiple requests for weaning of the patient off of Norco. There has been no pain assessment discussed in the records. There has also been no discussion regarding adverse side effects and addictive behaviors. The MTUS requires much more thorough documentation for ongoing monitoring of opiates. The available medical records do not establish medical necessity. The request is not medically necessary.

Urine Drug Screen to be done on 10/1/2015: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The medical records indicate the patient has ongoing right knee pain following right knee arthroplasty. The current request is for Urinary Drug Screen to be done on 10/1/15. The attending physician in his report dated 8/6/15 states, "UDS was reviewed from last month which was normal for suspected findings. We will repeat his UA next month for safe opiate monitoring." The MTUS guidelines do recommend drug testing as follows, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case however, the patient is not considered to be at high risk and had just completed a drug screen last month which was considered normal. Furthermore, the request for Norco is not medically necessary and therefore a UDS would no longer be indicated or medically necessary.