

Case Number:	CM15-0195824		
Date Assigned:	10/09/2015	Date of Injury:	12/06/2014
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old man sustained an industrial injury on 12-6-2014. Diagnoses include right knee end stage arthritis, history of right medial collateral ligament injury, right knee arthrofibrosis, and left knee compensatory pain rule out meniscal tear. Treatment has included oral medications. Physician notes dated 8-13-2015 show complaints of left knee pain rated 7 out of 10 with occasional grinding and sharp pain. The worker states Tramadol helps to reduce his pain level from 7 out of 10 to 3-4 out of 10. However, the insurance did not cover it and he has been only taking over the counter anti-inflammatories that give insufficient relief. The physical examination shows tenderness to palpation of the medial joint of the right knee with 1+ swelling, positive patellofemoral grind, worsening of range of motion with flexion at 90 degrees and extension at 5 degrees. The left knee also showed tenderness to palpation medially with appositive McMurray's test, hypersensitivity, intact neurologically, and range of motion measured 0-120 degrees. Recommendations include Tylenol #3, right knee surgery, urine drug screening, and follow up in four weeks. Utilization Review denied requests for Tylenol #3 and urine drug screening on 9-8-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen (next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing, <http://www.odg-twc.com>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

Decision rationale: Urine Toxicology screening (next visit) is not medically necessary. The patient had previous consistent urine screenings. Furthermore, the patient has been recommended to discontinue Tylenol #3 #90. The ODG supports testing at once per year for a patient at low risk for abuse. Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Therefore, this request is not medically necessary.

Tylenol #3 #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, criteria for use.

Decision rationale: Tylenol #3 #90. CA MTUS recommends: 4) On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking 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. (Passik, 2000) The documentation does not identify quantifiable pain relief and functional improvement, appropriate medication use, and lack of aberrant behaviors and intolerable side effects. The patient's pain without medication is 9/10 and with medications with 8/10. The patient does not show significant benefit with the use of this medication. Therefore, this request is not medically necessary.