

Case Number:	CM15-0208104		
Date Assigned:	10/27/2015	Date of Injury:	03/28/1998
Decision Date:	12/11/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 55 year old female, who sustained an industrial injury on 03-28-1998. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for chronic left knee pain and status post left total arthroplasty on 08-10-2005. Treatment and diagnostics to date has included left knee surgery and medications. Recent medications have included Tylenol #4 (since at least 07-06- 2015). Subjective data (08-18-2015 and 09-14-2015), included chronic left knee pain rated 8-9 out of 10 on 08-18-2015. Objective findings (08-18-2015) noted tenderness to palpation to lateral tibiofemoral joint space and "moderately" antalgic gait with use of single point cane. The request for authorization dated 09-14-2015 requested Tylenol #4 #60, laboratory evaluations (Chem 8, HFP, CBC), and 3 month POC (point of care). The Utilization Review with a decision date of 10-04-2015 modified the request for Tylenol #4 #60 to Tylenol #4 #30 and non-certified the request for 1 urine drug screen once every 6 months and unknown laboratory evaluations once every 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Tylenol #4 (acetaminophen with codeine) is a medication in the opioid and general pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted and reviewed documentation indicated the worker was experiencing pain in the left knee. The documented pain assessments did not contain the majority of the elements recommended by the Guidelines. There was no discussion detailing benefit from this specific medication, indicating how often it was needed and used by the worker, exploring potential negative side effects, documenting an individualized risk assessment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of Tylenol #4 (acetaminophen with codeine) is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Urine Drug Screen Once Every 6 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The

Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in the left knee. Treatment recommendations included the use of a restricted opioid medication. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. However, the request was for an indefinite number of screening tests, which would not account for changes in the worker's care needs. For these reasons, the current request for a urine drug screens done every six months indefinitely is not medically necessary.

Unknown Labs Once Every 6 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The MTUS Guidelines are silent on this specific issue. The Guidelines generally encourage those treatments, studies, and care elements that are medically needed to improve and maintain a worker's function and that have research suggesting the benefit to the worker is expected to outweigh the risks of complications and negative side effects. The submitted and reviewed documentation indicated the worker was experiencing pain in the left knee. The request did not specify what specific laboratory tests were needed, which does not allow for a determination of medical need, and the request was for an indefinite number of tests, which would not account for changes in the worker's care needs. For these reasons, the current request for an unspecified laboratory test done every six months indefinitely is not medically necessary.