

Case Number:	CM15-0217785		
Date Assigned:	11/09/2015	Date of Injury:	08/08/2001
Decision Date:	12/28/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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 70 year old male, who sustained an industrial injury on 8-8-2011. The injured worker is undergoing treatment for bilateral total knee arthroplasties, rule out lumbar intradiscal component and rule out lumbar radiculopathy. Medical records dated 8-20-2015 and 9-17-2015 indicate the injured worker complains of low back and lower extremity pain rated 6 out of 10 and knee pain rated 5 out of 10. Pain is unchanged from 8-20-2015 visit. Physical exam dated 9-17-2015 notes lumbar tenderness to palpation, decreased range of motion (ROM), positive straight leg raise, decreased sensitivity at L5 and S1 dermatomes and bilateral knee tenderness to palpation. Treatment to date has included hydrocodone since at least 5-19-2015, naproxen, lumbar sacral orthosis (LSO) support and Transcutaneous Electrical Nerve Stimulation (TENS) unit. The treating physician on 9-17-2015 indicates "taper of hydrocodone is encouraged." The original utilization review dated 10-20-2015 indicates the request for retrospective request for urinary drug screen (UDS) (DOS 9-17-2015) is non-certified and hydrocodone 7.5mg #90 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 70 year old patient complains of low back pain with lower extremity symptoms, rated at 6/10, and bilateral knee pain, rated at 5/10, as per progress report dated 10/12/15. The request is for HYDROCODONE 7.5mg #90. The RFA for this case is dated 10/13/15, and the patient's date of injury is 08/08/01. The patient is status post remote bilateral total knee arthroplasty, as per progress report dated 10/12/15. Diagnoses also included r/o lumbar intradiscal component and r/o lumbar radiculopathy. Medications include Hydrocodone and Naproxen. The patient's disability status has been documented as permanent and stationary, as per the same report. 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." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 05/19/15. It is not clear when the opioid was initiated. As per progress report dated 07/06/15, Hydrocodone "does facilitate maintenance of ADLs and function during bouts of severe pain and breakthrough pain." Without the medication, the patient is "nonfunctional, confined to bed" during bouts of severe pain. As per an appeal letter handwritten by the patient and dated 10/31/15 (after the UR denial date), the low back pain is rated at 6/10 and the knee pain is rated at 5/10 with the use of medications. The patient states that "it is higher (probably several digits) when I am not on regular pain management medications." The patient also indicates that "I am unable to function without medication and the pain is life changing." The patient reiterates medications "have allowed me to have/enjoy some amount of activity in my daily life. When I do not have pain medications, the pain is greatly increased making even normal activities stressful and painful." The patient has undergone urine toxicology screening on a regular basis and the 08/20/15 screening results were consistent. The treater, however, does not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No CURES report was provided to address aberrant behavior. The treater does not discuss the side effects of the opioid as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Additionally, MTUS p80,81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16

weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.

Retrospective request for Urine drug screen DOS 09/17/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

Decision rationale: The 70 year old patient complains of low back pain with lower extremity symptoms, rated at 6/10, and bilateral knee pain, rated at 5/10, as per progress report dated 10/12/15. The request is for RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN DOS 09/17/2015. The RFA for this case is dated 10/13/15, and the patient's date of injury is 08/08/01. The patient is status post remote bilateral total knee arthroplasty, as per progress report dated 10/12/15. Diagnoses also included r/o lumbar intradiscal component and r/o lumbar radiculopathy. Medications include Hydrocodone and Naproxen. The patient's disability status has been documented as permanent and stationary, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, CRITERIA FOR USE OF OPIOIDS Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen 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." In this case, the patient has been taking opioid medications. As per reports available for review, urine toxicology screening was administered during the 07/23/15, 08/20/15 and 09/17/15 visits. The current request is pertaining to the 09/17/15 UDS. In the report, the treater states "most recent results reviewed in detail today, consistent." The treater also states that the patient is at "high risk" as three of the six criteria enlisted by ODG including "poor response to opioids in the past," "depression," and "no return to work for period of several months" have been met. MTUS, however, only considers individuals with active substance abuse disorders as "high risk." Given the consistent results of prior tests, such frequent screening in this patient appears excessive. Hence, the request IS NOT medically necessary.