

Case Number:	CM15-0087366		
Date Assigned:	05/11/2015	Date of Injury:	10/24/2002
Decision Date:	06/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/06/2015

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

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 53-year-old female who sustained an industrial injury on 10/24/02. The mechanism of injury is unclear. Diagnoses include patella dislocation capsular rupture from a fall, open wound dehiscence left knee, status post total knee replacement (7/24/14), chronic infection of left total knee replacement, status post total knee replacement revision with removal of left total knee revision, insertion of antibiotic spacer, and washout (1/29/15), and morbid obesity. Additional history includes depression and hypertension. Treatments to date include medications, surgery, use of a wound vacuum-assisted closure (VAC) device, and physical therapy. Medications in October 2014 included Oxycontin and Dilaudid (hydromorphone). Work status in October and November 2014 was off work/temporarily totally disabled. Physician's notes from October and November 2014 specify an activity restriction of no walking or standing on the left leg. In December 2014, it was noted that the injured worker was using a walker to ambulate, with restriction of weight bearing as tolerated and use of a knee immobilizer. In January 2015, Oxycontin and hydromorphone were continued and it was noted that the injured worker's daily morphine analgesic equivalency calculated to 528 mg. The physician noted that there was dehiscence of the knee wound since surgery with exposure of the metal prosthesis, and culture of yeast from the wound, and surgery to remove infected hardware was planned. Non-weight bearing status on the left lower extremity was noted. Surgery was performed as noted on 1/29/15 and as of March 2015, the injured worker was in a skilled nursing facility with non-weight bearing status on the left knee and restriction of no ambulation. Oxycontin and Dilaudid were continued. On 4/2/15, the injured worker was evaluated by the treating orthopedist. She

was in a nursing facility with plans to be discharged home the following day. She presents in a wheelchair with non-weight bearing status. On physical exam, there is tenderness at the surgical site with moderate swelling. The physician documented request for home health aide so the injured worker can return home and have the proper care/ assistance with daily activities and ambulation as she is in a wheelchair, and request for a ramp for easier access in her wheelchair. Oxycontin and Dilaudid were continued. Work status was temporarily totally disabled. On 4/14/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS, the Labor Code, and the Medicare Benefits Manual.

IMR ISSUES, DECISIONS AND RATIONALES

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

One home health aide: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05/06/11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: home health services.

Decision rationale: The MTUS recommends home care only for medical services for patients who are homebound, and excludes unskilled custodial/homemaker services, including cooking, cleaning, personal care etc. The number of hours per day requested was not specified, and the specific services to be performed by the home health aide were not specified. The cited Official Disability Guidelines provide a more detailed recommendation for home services, and allows for some personal care and domestic care services. However, the treating physician must supply a more detailed prescription than has been provided in this case, including specific deficits, the provider's level of expertise, and evidence that the injured worker is homebound. This kind of prescription was not provided. The requested home care is not medically necessary based on the guidelines and lack of an adequate prescription.

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic knee pain, with history of multiple knee surgeries. Oxycontin has been prescribed for at least 6 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug

testing, and opioid contract. None of these aspects of prescribing is in evidence. Work status remains temporarily totally disabled, and there was no discussion of improvement in activities of daily living as a result of use of opioids. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The MTUS recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day except in rare circumstances; the treating physician has not documented exceptional circumstances which would require a total daily dose of opioids significantly in excess of this recommendation such as that which is prescribed for this injured worker. As currently prescribed, Oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Dilaudid 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic knee pain, with history of multiple knee surgeries. Dilaudid has been prescribed for at least 6 months. Side effects of hydromorphone (Dilaudid) include circulatory depression, respiratory arrest, shock, cardiac arrest, dizziness, sedation, nausea, vomiting, sweating, dry mouth, and itching. Respiratory depression and apnea are of major concern. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing is in evidence. Work status remains temporarily totally disabled, and there was no discussion of improvement in activities of daily living as a result of use of opioids. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily

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