

<b>Case Number:</b>	CM15-0089143		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Preventive Medicine, Occupational 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 (IW) is a 45 year old male who sustained an industrial injury on 03/10/2008. He reported chronic knee pain. The injured worker was diagnosed as having internal derangement of the left knee. Treatment to date has included arthroscopic surgery, medications, knee bracing. Currently, the injured worker complains of chronic knee pain and pain in the left knee with aching, stiffness, soreness, a pulling sensation, numbness and pain with movement. The pain is described as aching, burning, deep, disabling, intermittent, radiating and sharp. Severity is rated a 6-7/10. The worker reports substantial benefit from the medications. He has nociceptive, neuropathic and inflammatory pain. He receives about 90% improvement with pain from medications, and shows no signs of illicit drug abuse, diversion, and habituation. According to the provider notes of 04/12/2015, the worker is on the lowest effective dosing, and attempts to wean medications have resulted in pain, suffering, and decreased functional capacity. On examination he has difficulty getting on and off exam table and getting in and out of chair. Muscle strength in the lower extremities is 5/5. The left knee is not swollen or bruised; there is tenderness along the medial and lateral joint lines, and minimal laxity with Varus and valgus stress. He has extension to 0 degrees and flexion to 120 degrees, both with pain. There is substantial point tenderness on the lateral, anterior medial aspect of the left knee, crepitance to range of motion testing and guarding with lateral motion of the knee. He is status post chondroplasty left knee and orthoscopic debridement pm October 19, 2014 and has findings for sub patellar chondromalacia patella, and meniscal tear. Medications include Ambien, Cymbalta, Depakote, morphine sulfate ER, Norco, and Nortriptyline. He has a signed narcotic agreement

and has been undergoing urine drug screens that are within normal limits. The treatment plan includes continuation of current medications. Requests for authorization are made for Urine drug screen for medication compliance and Kadian 10 mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine drug screen for medication compliance:** 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): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain-Urine Drug Screens.

**Decision rationale:** MTUS Guidelines recommend urine drug screens when long term opioids are utilized. However, the MTUS Guidelines do not provide adequate detailing of what a reasonable frequency is. ODG Guidelines address this issue in great detail and only annual testing is recommend when there is no evidence of misuse or aberrant behaviors. A prior UDS was performed within a couple of months of this request for repeat testing. This frequency is not supported by Guidelines and is not medically necessary.

**Kadian 10 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures/Opioids Page(s): 48/78-80.

**Decision rationale:** MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, measured functional improvements and the lack of drug related aberrant behaviors. The standard for functional improvement measures have not been met. There is reported to be good pain relief, but there are only general statements regarding function, but no measures of functional improvement adequate for Guidelines to support this. Guidelines are very specific regarding what are reasonable measures of function to justify opioid use and none of these standards are met. Additional information can provide compliance with Guidelines, but at this point in time the Kadian 10mg #60 is not supported by Guidelines and is not medically necessary.