

Case Number:	CM15-0089766		
Date Assigned:	05/14/2015	Date of Injury:	02/25/2008
Decision Date:	08/28/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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 68 year old female who sustained an industrial injury on 2/25/08. The mechanism of injury is unclear. She currently has painful, stiff right elbow and shoulder after undergoing excision of right radial head which failed, she then had right total elbow arthroplasty with failure to improve and was found to have a fracture and total elbow arthroplasty was redone with poor outcome. On physical exam there was significantly reduced range of motion of the right elbow and right shoulder with tenderness on palpation. She wears a forearm/ elbow orthosis. Her pain level is 9-10/10 without medication and 6/10 with medication. Medications are hydrocodone, oxycodone and Lunesta Functional gains are provided by medications which aid in her performing activities of daily living, mobility and restorative sleep. Diagnoses include disorder of the right elbow, status post 6 surgeries, 2 total joint replacements; right shoulder joint pain, osteoarthritis; right upper extremity pain. Treatments to date include right shoulder injection (1/15/15); medications. Diagnostics include x-ray right elbow (1/13/15) shows right elbow arthroplasty. On 4/23/15 the treating provider requested random drug screen; hydrocodone-acetaminophen 10/325 mg as needed # 180 with no refills; oxycodone-acetaminophen 10/325 mg as needed # 180 with no refills; Lunesta 3 mg as needed # 90 no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 04/09/15 progress report provided by treating physician, the 68 year old patient presents with chronic right elbow and shoulder pain rated 6/10 with and 9-10/10 without medications. The patient is status post 6 right elbow surgeries and 2 total joint replacements, unspecified dates, per 01/15/15 report. The request is for PERCOCET 10/325MG, #180. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes shoulder joint pain and disorder of elbow. Diagnosis on 01/15/15 included severe right shoulder osteoarthritis with great limitation in range of motion. Treatment to date has included surgeries, imaging studies, injections and medications. Patient's medications include Percocet, Norco, Lunesta and Ibuprofen. The patient is off-work, per 04/09/15. Treatment reports provided from 10/09/14 - 04/09/15. MTUS Guidelines 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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Percocet has been included in patient's medications per progress reports dated 10/09/14, 01/15/15, and 04/09/15. It is not known when Percocet was initiated. With regards to Percocet and Norco, UR letter dated 05/01/15 states "the medical necessity for the continued use of these narcotics has been established," and the request was modified to #150 "to initiate the weaning process." Per 04/09/15 report, treater states the patient "initially underwent excision of right radial head... That surgery failed and patient underwent right total elbow arthroplasty surgery...she failed to improve and it was discovered she had a fracture and the total elbow arthroplasty had to be redone. Final surgical outcome poor. She has been left with a chronically painful, stiff right elbow and shoulder. She has significant reduced ROM of right elbow as well as her right shoulders. She wears a forearm/elbow orthosis. She is faced with permanent pain which is 9-10/10 without the medications and 6/10 with... The dosing is minimal, with 1-2 Norco per day and 1 Percocet at bedtime. Functional gains are provided by the meds in that they substantially assist with her ADL's, mobility, and restorative sleep, contributing to her Quality of Life. Patient was on much higher doses of pain medications when she initially came under our care. The patient has signed a Pain Management Agreement with our practice - updated 4/09/15. We routinely perform random urine drug testing to monitor compliance. In addition we utilize [REDACTED] database to screen for multiple prescribers. No evidence of impairment or abuse. UDT consistent... [The patient] is provided three month supply of her medications since she has now moved out of state to reside with her children and their families..." Provided urine drug screens dated 10/09/14 and 01/23/15 revealed consistent results. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Norco 10/325mg, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89, 90.

Decision rationale: Based on the 04/09/15 progress report provided by treating physician, the 68 year old patient presents with chronic right elbow and shoulder pain rated 6/10 with and 9-10/10 without medications. The patient is status post 6 right elbow surgeries and 2 total joint replacements, unspecified dates, per 01/15/15 report. The request is for NORCO 10/325MG, #180. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes shoulder joint pain and disorder of elbow. Diagnosis on 01/15/15 included severe right shoulder osteoarthritis with great limitation in range of motion. Treatment to date has included surgeries, imaging studies, injections and medications. Patient's medications include Percocet, Norco, Lunesta and Ibuprofen. The patient is off-work, per 04/09/15. Treatment reports provided from 10/09/14 - 04/09/15. MTUS Guidelines 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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications per progress reports dated 10/09/14, 01/15/15, and 04/09/15. It is not known when Norco was initiated. With regards to Percocet and Norco, UR letter dated 05/01/15 states "the medical necessity for the continued use of these narcotics has been established," and the request was modified to #150 "to initiate the weaning process." Per 04/09/15 report, treater states the patient "initially underwent excision of right radial head... That surgery failed and patient underwent right total elbow arthroplasty surgery... she failed to improve and it was discovered she had a fracture and the total elbow arthroplasty had to be redone. Final surgical outcome poor. She has been left with a chronically painful, stiff right elbow and shoulder. She has significant reduced ROM of right elbow as well as her right shoulders. She wears a forearm/elbow orthosis. She is faced with permanent pain which is 9-10/10 without the medications and 6/10 with... The dosing is minimal, with 1-2 Norco per day and 1 Percocet at bedtime. Functional gains are provided by the meds in that they substantially assist with her ADL's, mobility, and restorative sleep, contributing to her Quality of Life. Patient was on much higher doses of pain medications when she initially came under our care... The patient has signed a Pain Management Agreement with our practice - updated 4/09/15. We routinely perform random urine drug testing to monitor compliance. In addition we utilize [REDACTED] database to screen for multiple prescribers. No evidence of impairment or abuse. UDT consistent... [The patient] is provided three month supply of her medications since she has now moved out of state to reside with her children and their families..." Provided urine drug screens dated 10/09/14 and 01/23/15 revealed consistent results. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Lunesta 3mg, #90: 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), Pain - Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under Eszopicolone (Lunesta).

Decision rationale: Based on the 04/09/15 progress report provided by treating physician, the 68 year old patient presents with chronic right elbow and shoulder pain rated 6/10 with and 9-10/10 without medications. The patient is status post 6 right elbow surgeries and 2 total joint replacements, unspecified dates, per 01/15/15 report. The request is for LUNESTA 3MG, #90. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes shoulder joint pain and disorder of elbow. Diagnosis on 01/15/15 included severe right shoulder osteoarthritis with great limitation in range of motion. Treatment to date has included surgeries, imaging studies, injections and medications. Patient's medications include Percocet, Norco, Lunesta and Ibuprofen. The patient is off-work, per 04/09/15. Treatment reports provided from 10/09/14 - 04/09/15. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Lunesta has been included in patient's medications per progress reports dated 10/09/14, 01/15/15, and 04/09/15. It is not known when Lunesta was initiated. Per 10/09/14 report, treater states "The patient's medications have been stable and helpful... She has to take Lunesta 3mg for nighttime." ODG recommends short-term use of up to 3 weeks. In this case, the patient has been prescribed Lunesta at least since 10/09/14 report, which is almost 7 months from UR date of 05/01/15. Furthermore, the request for quantity 90, does not indicate intended short-term use of this medication. This request exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.

Random routine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Testing.

Decision rationale: The request is for RANDOM ROUTINE DRUG SCREEN. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes shoulder joint pain and disorder of elbow. Diagnosis on 01/15/15 included severe right shoulder osteoarthritis with great limitation in range of motion. Per 04/09/15 report, treater states the patient "initially underwent excision of right radial head... That surgery failed and patient underwent right total elbow arthroplasty surgery... she failed to improve and it was discovered she had a fracture and the total elbow arthroplasty had to be redone. Final surgical outcome poor. She has been left with a

chronically painful, stiff right elbow and shoulder. She has significant reduced ROM of right elbow as well as her right shoulders. She wears a forearm/elbow orthosis. She is faced with permanent pain which is 9-10/10 without the medications and 6/10 with..." Treatment to date has included surgeries, imaging studies, injections and medications. Patient's medications include Percocet, Norco, Lunesta and Ibuprofen. The patient is off-work, per 04/09/15. Treatment reports provided from 10/09/14 - 04/09/15. MTUS Chronic Pain Medical Treatment Guidelines, Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing 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." Per 04/09/15 report, treater states the patient "has signed a Pain Management Agreement with our practice - updated 4/09/15. We routinely perform random urine drug testing to monitor compliance. In addition, we utilize [REDACTED] database to screen for multiple prescribers. No evidence of impairment or abuse. UDT consistent... [The patient] is provided three month supply of her medications since she has now moved out of state to reside with her children and their families..." Provided urine drug screens dated 10/09/14 and 01/23/15 revealed consistent results. MTUS does not specifically discuss the frequency that urine drug screens should be performed. In this case, the patient is still undergoing opioid therapy, and the request would appear to be indicated. However, ODG is more specific on the topic and recommends urine drug screens on a yearly basis, if the patient is at low risk. Given patient's low risk assessment, current request for repeat UDS appears excessive and would not be indicated by guidelines. Therefore, the request IS NOT medically necessary.