

Case Number:	CM15-0094404		
Date Assigned:	05/21/2015	Date of Injury:	09/28/2004
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 59-year-old male, who sustained an industrial injury on 9/28/04. He has reported initial complaints of left upper extremity injury. The diagnoses have included knee pain, pain in the joint of the lower leg and chronic pain syndrome. Treatment to date has included medications, diagnostics, activity modifications, consultations, left shoulder surgery, knee injections, right knee surgery, physical therapy, Transcutaneous electrical nerve stimulation (TENS), and home exercise program (HEP). Currently, as per the physician progress note dated 4/27/15, the injured worker complains of right hip pain, bilateral knee pain, right foot pain and right thigh pain. He reports that the right knee pain radiates to the thigh and right hip. The pain is sharp, burning, throbbing, shooting, and rated 8/10 on pain scale and unchanged from previous visits. The pain without the medication is rated 8-9/10 and with medications is rated 5/10. He also reports joint and muscle pain, fatigue, difficulty walking, constipation, frequency of urination and depression. He reports sleeping about 4 hours per night. The objective findings reveal that he walks with antalgic gait favoring the right knee and assisted by a cane. The right knee exam reveals tenderness to palpation, point tenderness along the inferior and superior poles of the patellar capsule, minimal swelling but significant, noticeable, and decreased range of motion of the right knee for approximately 75 percent of normal globally. The current medications included Norco, Cymbalta, Pennsaid solution, Ambien, Baclofen, Sertraline and Polyethylene Glycol 3350 powder. The urine drug screen dated 6/16/14 and 1/22/15 was consistent with medications prescribed. The physician requested treatments included 1 prescription for Norco 10/325mg #150, urine drug screen, 1 cryoablation of the right

knee, 1 prescription for Polyethylene Glycol 3350 powder, and 1 prescription for Baclofen 10mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids, pages 77-79 Page(s): 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. A 9/12/2013 opioid medication request was not certified and weaning was recommended. This review is for a retrospective request for a 4/27/2015 drug screen. Since this patient has been recommended to be being weaned off narcotics, there is no reason that a drug screen needs to be checked at this time. Therefore, this request for drug testing is not considered medically necessary.

1 cryoablation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Vasc Interv Radiol. 2010 Aug;21(8 Suppl):S187-91.

doi: 10.1016/j.jvir.2009.12.403. Cryoablation: mechanism of action and devices. Erinjeri JP1, Clark TW.

Decision rationale: Cryoablation is not specifically discussed in MTUS, ACOEM, or ODG guidelines. MTUS and ODG guidelines do both recommend cold therapy for acute injury, and not for chronic pain. Cryoablation refers to all methods of destroying tissue by freezing. There is no good evidence to support cryoablation in the treatment of this patient's chronic pain. Likewise, this request is not considered medically necessary.

1 prescription for Polyethylene Glycol 3350 powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational practice medicine guidelines Page(s): page 22.

Decision rationale: MTUS guidelines state that, "Opioids cause significant side effects, which include poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients." Laxatives are a treatment option for laxative induced constipation, and stool softeners are a known preventative treatment option for those taking chronic opiates. However, in this case, this patient's narcotic medication was found not to be medically necessary. Likewise, it will now not be medically necessary to take preventative or treatment dose laxative medications for this reason.

1 prescription for Baclofen 10mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Baclofen is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Baclofen is not medically necessary.