

Case Number:	CM14-0097729		
Date Assigned:	07/28/2014	Date of Injury:	02/02/2010
Decision Date:	10/16/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60 year old male who was injured on 02/02/2010. The mechanism of injury is unknown. Prior treatment history has included Euflexxa injection to the left knee. A progress report dated 05/21/2014 documented the patient to have complaints of left knee pain. He rates his pain as 10/10. He complained of right shoulder pain rated as 7/10. On examination of the left knee, there is crepitus and tenderness over the medial joint line. The active range of motion of bilateral knees revealed flexion to 110 bilaterally and extension to 0 degrees bilaterally. The patient is diagnosed with severe degenerative joint disease of the left knee. The patient was recommended to continue Norco 10/325 mg #100 with 3 refills and urine drug screen for medication compliance. Prior utilization review dated 05/30/2014 states the request for Urine Drug Screen is denied; and Norco 10/325mg #100 With 3 refills is modified to certify one month to provide necessary documentation or to taper off the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines notes that drug testing is recommended as an option, also used to screen and assess the use or presence of illegal drugs. A prior urine drug screen on 2-2-14 was inconsistent noting Hydrocodone, Hydromorphone and Norhydrocodone and ethyl alcohol and indicates that Tramadol is being prescribed at the time. Ongoing use of opioids not indicated, hence follow urine drug screen is not established as medically necessary.

Norco 10/325mg #100 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Opioids

Decision rationale: The Chronic Pain Medical Treatment Guidelines as well as the ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication, quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning. It is also noted that UDS on 2-2-14 was inconsistent noting Hydrocodone, Hydromorphone and Norhydrocodone and ethyl alcohol and indicates that Tramadol is being prescribed. Therefore, the medical necessity of this request is not established.