

<b>Case Number:</b>	CM14-0216265		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	10/19/2000
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: Colorado

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 medical records reflect that the worker is status post bilateral knee replacement surgeries, one in 2004 and one in 2007. The worker has been treated for chronic bilateral knee pain with narcotic medications. Short acting narcotics including Norco and Percocet have been utilized as prescribed by the orthopedic surgeon. Due to ongoing chronic pain the worker was referred to pain management. The worker 1st saw the pain medicine specialist in November of 2014. A urine drug screen was performed at that time. On followup with the pain medicine specialist in December of 2015 the pain specialist provider suggested a change from one of the short acting narcotics to a long acting narcotic OxyContin. Repeat urine drug screen testing was also ordered. A food medicine called Deplin was also prescribed. The requests for these medications and Deplin were denied on utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

**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 Opioids  
Page(s): 47, 76-77, 89, 94.

**Decision rationale:** According to the MTUS, drug screens are recommended as an option, using a urine drug screen, to assess for the use or the presence of illegal drugs. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: c) Frequent random urine toxicology screens. There is documentation that the worker is having chronic pain and has had long term use of opioids for post-surgical pain management without evidence of significant improvement. There is documentation of a urine drug screen on 11/6/14. The MTUS states that frequent random urine toxicology screens are recommended and therefore, the urine drug screen request is medically necessary and appropriate.

**Oxycontin 20mg #30:** Overturned

**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 Pain interventions and treatments Page(s): 75, 77, 79, 81, 124.

**Decision rationale:** According to the MTUS, the lowest possible dose of an opioid medication should be prescribed to improve pain and function. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The MTUS recommends 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. 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 nonadherent) 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). The MTUS provides that continuation of opiate pain medications is indicated if the patient has improved functioning and pain. Also, the proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The MTUS provides that Oxycontin tablets are NOT intended for use as a prn analgesic. The medical records reflect that the worker had been treated with short-acting opioid medications for an extended period of time. There is documentation regarding considerations to wean the worker from narcotics and to seek the lowest effective dose. There is documentation of a 30-60% pain relief, reduced pain intensity level from 8-9/10 to 3/10, and improved function/activities of daily living secondary to the use of Norco and oxycodone. Therefore, the request for OxyContin is considered medically necessary and appropriate.

**Deplin 15mg (quantity unspecified):** 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

[https://wcis.ceiwc.com/dev60html/Pguide/MedicalGuides/Compounded\\_Medication\\_Medical\\_Foods.pdf](https://wcis.ceiwc.com/dev60html/Pguide/MedicalGuides/Compounded_Medication_Medical_Foods.pdf) IWIF Workers' Compensation Insurance. MEDICAL POLICY - COMPOUNDED MEDICATION, MEDICAL FOOD, AND CO-PACKS. Established: 12/27/11 Reviewed: 3/12/14

**Decision rationale:** Deplin (L-methylfolate) is a medical food. Medical food products are not approved or registered with the FDA. There is little medical evidence supporting their use. According to the IWIF Workers' Compensation Insurance medical policy for compounded medication, medical food, and co-packs, a medical food must be reported as safe and effective for the recommended indication by adequate medical and scientific evidence in the medical literature and any compound of medical food that contains at least one food that is not recommended is not recommended. For the dietary management of suboptimal folate, a naturally occurring B vitamin, in depressed patients. L-methylfolate is not an antidepressant, but may make antidepressants work better by correcting folate levels in the brain. Deplin is not currently recommended for depressive disorder or peripheral neuropathy and there are no other current indications for this medical food. Therefore, the request for Deplin is not medically necessary or appropriate.