

<b>Case Number:</b>	CM14-0089118		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57-year-old male who sustained an industrial injury on 10/16/2000. His diagnoses, and/or impressions, are noted to include: sprain of the left knee, aggravating pre-existing grade III chondromalacia medial femoral condyle; status-post left knee arthroscopy, 7/1998; reconstruction surgery, 11/18/2000; arthroscopy, 4/6/2001 & 9/3/2002; uni-compartmental replacement on 2/24/2003; left total knee revision, 4/6/2006; left knee joint pain; chronic pain syndrome; tobacco use disorder; and depression secondary to pain. No current imaging studies are noted. His treatments have included surgeries; use of a cane; rest from work; medication management and toxicology screenings. The progress notes of 5/18/2014 reported the injured worker reported for a refill of his medications, that his workers compensation case manager refused to pay for his Endocet and that a lawyer was trying to help him with that situation; that there is a history of at least 5 left knee surgeries along with advanced wrist arthritis and shoulder pain; that he had remained stable on his current medical regimen for the previous several years, without abuse; and that he would be confined to bed without his medications which improve his pain and functionality. Objective findings are noted to include no further re-evaluation of his knee; that he was alert & cooperative; that he had been stable and controlled, without side effects, on his medications, which increased his activities of daily living to a significant degree, without apparent behavior and with recent consistent toxicology screening. Also stated was that he had used marijuana in the past, by admission and through toxicology screening, but that his most recent screening was clean for marijuana and that he understood the political climate and nationally illegal marijuana status that jeopardized his own

pain management treatment and prescription practices, should he continue to use marijuana. Also stated is that his regimen included 2 anti-depressant medications which were helping his psyche in his struggle/anger/depression over his limited physical activity. The physician's requests for treatments were noted to include the continuation of Endocet and MS Contin.

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

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

**Endocet 5/325mg, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. The patient has been on narcotics since at least 11/29/2012. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

**MS Contin CR 30mg, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, the quantity given for this long acting medication is not appropriate. Typically, this prescription is dosed every 8 or 12 hours, as it is a long acting opioid. The amount requested is equivalent to a six time per day schedule for a 30-day period. The medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.