

Case Number:	CM15-0018324		
Date Assigned:	02/06/2015	Date of Injury:	01/11/2013
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/30/2015

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: New York
 Certification(s)/Specialty: Emergency 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 injured worker is a 37-year-old male who has reported knee and low back pain after an injury on 01/11/2013. The diagnoses include right knee pain, right knee sprain, and lateral meniscus tear. Treatments have included oral medications. The treating physician appears to order urine drug screens every month at the office visits, and no reports address the results of these tests. The treatment plans do not change as a result of the tests. The reports do not address the specific functional results of using opioids. The report of 8/26/14 notes an elevated blood pressure for which the injured worker was advised to take 'less' ibuprofen, although prescribing did not change. The work status is routinely stated to be 'unchanged'. The blood pressures and pulse are exactly the same on many reports, as is the text of the reports. All medications now under review are continued at each visit. No reports address the failed drug tests or the specific benefit from using any medication. A urine drug screen on 8/24/14 included tests for drugs with no apparent relevance to this patient. The test was positive for amphetamine-methamphetamine, hydrocodone, and tramadol. The pH was abnormally low. A urine drug screen on 9/23/14 was positive for morphine, hydrocodone, and tramadol. A urine drug screen on 10/21/14 included tests for drugs with no apparent relevance to this patient. The test was positive for morphine, amphetamine-methamphetamine, hydrocodone, and tramadol. A urine drug screen on 11/18/14 included tests for drugs with no apparent relevance to this patient. The test was positive for morphine, amphetamine-methamphetamine, hydrocodone, and tramadol. Per the pain management report dated 12/16/2014, there was ongoing knee pain, weakness, and tenderness. Ongoing medications were tramadol, Norco, and ibuprofen daily. These were refilled. An

orthopedic referral was pending. There was also low back pain and tenderness. The treatment plan included tramadol 50mg #60, Ibuprofen 800mg #60, Norco 5/325mg #90, urine drug screen, and a follow-up visit for 01/20/2015. The work status was 'unchanged.' There was no discussion of the specific indications and results of use for any medication. There was no discussion of the prior urine drug screen results or the results of the current in-office drug screen. A urine drug screen result from a collection date of 12/16/14 was positive for amphetamine-methamphetamine, hydrocodone, and tramadol. The in-office qualitative screen was positive for methamphetamine, and negative for all others including opiates. The lab request was for a list of medications with no apparent relevance to this patient, including antidepressants and anti-psychotics. On 01/26/2015 Utilization Review non-certified Tramadol 50mg #60, Ibuprofen 800mg #60, Norco 5/325mg #90, a urine drug screen for 01/20/2015, and follow-up visit for 01/20/2015. The MTUS Guidelines and the Official Disability Guidelines were cited in support of this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective follow-up visit, (DOS) 12/16/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, Chronic Pain Treatment Guidelines Office visits, for opioids Page(s): 79.

Decision rationale: The treating physician reports are stereotyped from visit to visit. The primary reason for the frequent, monthly visits seems to be refills of the medications. As noted above, urine drug screens are performed monthly, which is excessive in nearly all cases (see discussion below). The treating physician does not address the multiple failed drug screens. The opioids are not prescribed according to the MTUS. The ibuprofen is not prescribed according to the MTUS. Function is not addressed. There is no compelling medical necessity to continue care with this physician who prescribes medications without any apparent benefit and not according to the MTUS. There is no compelling medical necessity to continue care with this physician who continues to provide opioids to an injured worker who has given clear evidence of misusing opioids, and probably amphetamines, without any meaningful response. Follow-up visits with this physician are not medically necessary. The MTUS is cited above. Office visits are not recommended at a specific frequency per these guidelines but should be consistent with standard treatment principles.

Retrospective Tramadol 50mg #60, (DOS) 12/16/2014: 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 Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain;

Mechanical and compressive etiologies; Medication trials; Tramadol Page(s): 77-81; 94; 80; 81; 60; 94, 113.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids. Work status is not addressed. Urine drug screens are excessive in quantity. The multiple failed drug screens were not addressed. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retrospective Ibuprofen 800mg #60, (DOS) 12/16/2014: 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 Medications for chronic pain; NSAIDs for Back Pain - Acute exacerbations of chronic pain; Back Pain - Chronic low back pain; NSAIDs, specific drug list & adverse effects Page(s): 60; 68; 68; 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. NSAIDs have been prescribed chronically, not short term. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long-term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. No benefits are evident in the reports. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Retrospective Norco 5/325mg #90, (DOS) 12/16/2014: 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 Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids. Work status is not addressed. Urine drug screens are excessive in quantity. The multiple failed drug screens were not addressed. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retrospective urine drug screen (UDS), (DOS) 12/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Steps to Take Before a Therapeutic Trial of Opioids, On-Going Management, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use or the presence of illegal drugs; Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control; Opioid contracts: (9) Urine drug screens may be required; Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80, 94; 43, 77; 78; 89; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens United States Department of Transportation, 49 CFR Part 40, Drug and Alcohol Regulations.

Decision rationale: Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS and other guidelines, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS (see discussion below). The tests performed have included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. The MTUS recommends random drug testing, not at office visits. The injured worker has failed every drug test and the treating physician has not addressed the results of any test to date. No test should be performed if the results will not be used. The tests are done monthly, which is excessive for practically all clinical situations. Regardless, no tests are indicated if the results are ignored. Given that the treating physician has not addressed all prior test results, the lack of an opioid therapy program in accordance with the MTUS, and the excessive quantity of testing, the urine drug screen is not medically necessary.