MAXIMUS Federal Services

Case Number:	CM15-0070538		
Date Assigned:	04/20/2015	Date of Injury:	03/14/1994
Decision Date:	05/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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 Jersey
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(n) 77 year old male, who sustained an industrial injury on 3/14/94. The initial complaints of injury are not noted. The injured worker was diagnosed as having left knee osteoarthritis; status post left knee arthroscopic surgery. Treatment to date has included ankle arthroscopy; left knee arthroscopic surgeries x3 (2006); medications. Currently, the PR-2 notes dated 3/3/15 indicated the injured worker complained the pharmacy won't give him his medication. He reports ongoing left knee pain and symptoms were unchanged. The notes states his chronic pain case needs medicines for life. The provider's examination demonstrates unchanged findings with crepitus, persistent trace effusion and diminished range of motion 7 to 109 degrees with pain on forced extension. The Baker's cyst on the left knee had increased in size and tenderness in the popliteal fossa with complaints of stiffness and crepitus. The provider's treatment plan included the requested Urine Drug Screen; blood test to check liver function and a prescription of Norco 5/325 mg with three refills Utilization Review has denied the urine drug screening and blood test for liver function but modified the Norco prescription for #12 to be used between 3/3/15 and 8/4/15 and no further refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence for regular drug screening. There was no documentation which showed abnormal behavior, misuse of medications, or any other information suggestive of abuse to warrant a drug screening. Therefore, the request for a urine drug screen will be considered medically unnecessary.

One blood test to check liver function: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, p. 70., AND Acetaminophen, p. 12.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that when prescribing NSAIDs, the recommendation is to measure liver enzymes as well as CBC and chemistry profile (including renal function testing) within 4-8 weeks after starting therapy. Interval and routine testing following this initial series has not been established. With acetaminophen use, it is reasonable to consider testing for liver enzymes and/or renal function testing performed within a few weeks of starting therapy when using moderate to high doses of acetaminophen or in all patients (any dose) with a history of alcohol use (for liver enzymes) or with renal insufficiency (for renal function testing) if taking it for longer than 5 days or so due to its potential for hepatotoxicity and renal toxicity. In the case of this worker, there was evidence of prior Norco use (before nonapproval). Liver function testing is a reasonable request as Norco contains acetaminophen. However, according to the records provided for review, testing for liver function has already been approved and once is sufficient to screen for liver toxicity of Norco, although the test reports were not available to view if they were completed. Therefore, this request for one blood test to check liver function will be considered medically unnecessary.

One prescription of Norco 5/325 mg with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation provided showing clear functional gains and measurable pain reduction directly related to prior Norco use to help justify its continuation. Therefore, without more clear evidence of benefit, the request for Norco will be considered medically unnecessary.