

Case Number:	CM13-0011952		
Date Assigned:	12/04/2013	Date of Injury:	05/22/1998
Decision Date:	01/22/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 62-year-old female with a reported date of injury on 05/22/1998. The patient underwent a right total knee arthroplasty on 09/07/2012. The submitted documentation did not include a recent clinical note with a full and complete assessment of the patient's current objective functional condition. The patient had diagnoses including grade I spondylolisthesis at L4-5 and L5-S1, bilateral osteoarthritis, status post right knee arthroscopy, medial/lateral meniscectomies, synovectomy, chondroplasty (10/22/2008), status left knee arthroscopy, synovectomy, lateral retinacular release, status post left knee arthroscopy, partial medial meniscectomy, abrasional arthroplasty trochlear groove 06/08/2008, status post total right knee arthroplasty 09/07/2012, and cervical stenosis, status post cervical spine fusion 09/07/2010. The physician's treatment plan included request for hydrocodone/APAP 10/325 mg #45, fentanyl patches 25 mcg/HR #15, and methylprednisone 4 mg #21.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10, 325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The California MTUS guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose in order to improve pain and function. Provider should conduct ongoing review with 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 requesting physician did not include a recent clinical note with a complete assessment of the patient's most recent objective functional condition. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Additionally, the requesting physician did not include an adequate pain assessment including current pain, the least reported pain over the period since the last assessment, average pain, intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request for hydrocodone/APAP 10/325 mg #45 is neither medically necessary, nor appropriate.

Fentanyl patches 24mcg/hr #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47,78.

Decision rationale: The California MTUS guidelines note, fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. Fentanyl patches are not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The California MTUS guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose in order to improve pain and function. Provider should conduct ongoing review with 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. The requesting physician did not include a recent clinical note with a complete assessment of the patient's most recent objective functional condition. Within the provided documentation, the requesting physician's rationale for the request was unclear. Additionally,

the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Additionally, within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request for fentanyl patches 25 mcg/HR #15 is neither medically necessary, nor appropriate.

Methylprednisone 4mg #21: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The California MTUS guidelines do not specifically address the use of oral corticosteroids. ACOEM states, the use of oral corticosteroids for patients with low back pain is not recommended. The Official Disability Guidelines note oral corticosteroids are not recommended for patients with knee pain and chronic pain. The guidelines note they are recommended in limited circumstances for acute radicular pain. The criteria for the use of corticosteroids (oral/parenteral for low back pain) includes: patients should have clear-cut signs and symptoms of radiculopathy; risks of steroids should be discussed with the patient and documented in the record; and the patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The requesting physician did not include a recent clinical note with a complete assessment of the patient's most recent objective functional condition. Within the provided documentation, the requesting physician's rationale for the request was unclear. Therefore, the request for methylprednisone 4 mg #21 is neither medically necessary, nor appropriate.