

Case Number:	CM13-0031871		
Date Assigned:	12/13/2013	Date of Injury:	09/15/1994
Decision Date:	02/13/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 56 year old female injured in a work related accident on September 15, 1994. The recent clinical assessment included an October 21, 2013 progress report indicating the claimant was still utilizing medications in the form of Nucynta as well as Ambien. It is noted that a weaning period was discussed per utilization review. Interval history from September 26 with treating physician [REDACTED] showed the claimant diagnosed with chronic right knee pain status post total knee arthroplasty with chronic pain and left knee chondromalacia of the patella. Objectively there was documented an antalgic gait with 4/5 quadriceps strength and hamstring strength bilaterally. The treatment was for medications as stated. Additional documentation of treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

Decision rationale: Based on the CA MTUS Chronic Pain Medical Treatment Guidelines the continued role of long acting opioid analgesics for the claimant's current diagnosis of osteoarthritis would not be supported. The MTUS Chronic Pain Guideline criteria indicates that in the chronic setting of osteoarthritis opioids are not recommended as a first line therapy and are recommended only for short term use where failure of first line medications such as acetaminophen or NSAIDs are beneficial. The records do not indicate a course of recent nonsteroidal use. Based on the claimant's clinical presentation, there is no indication for continued long term use of opioid analgesics.