

Case Number:	CM13-0036163		
Date Assigned:	12/13/2013	Date of Injury:	04/02/2004
Decision Date:	04/04/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/18/2013

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 Family Medicine and is licensed to practice in Texas. 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 45 year old female with a date of injury on 4/2/2004. Patient has been treated for ongoing symptoms of the knee. Diagnoses are knee osteoarthritis, medial meniscus tear and chondromalacia patellae. Subjective complaints are of left knee pain rated 7/10, which is worse with standing and walking. Physical exam shows an antalgic gait, with knee swelling, decreased range of motion, and pain with patellar mobilization. Medications include Flector, Wellbutrin, Topamax, Pantoprazole, MS Contin 15 mg, Norco 10/325mg, and Flurbiprofen cream. Patient was noted as stable on her medication regimen, without change in effectiveness, and was without side effects. Records also show record of urine drug screening without aberrant results.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be

presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Therefore, the use of this medication is consistent with MTUS guidelines. The request for MS Contin 15mg #60 is medically necessary and appropriate.

Hydrocodone/APAP 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Therefore, the use of this medication is consistent with guidelines. The request for Hydrocodone/APAP 10/325mg is medically necessary and appropriate.