

Case Number:	CM13-0063824		
Date Assigned:	12/30/2013	Date of Injury:	07/13/2009
Decision Date:	05/09/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 injured worker is a 70-year-old male who reported an injury on 07/13/2009. The injured worker reportedly twisted his left knee while stepping on loose gravel. The injured worker recently underwent a left total knee arthroplasty. The current diagnosis is degenerative joint disease in the left knee. The injured worker was evaluated on 09/24/2013. Current medications include MS Contin 15 mg, twice per day. Physical examination revealed an antalgic gait, diminished strength in the left lower extremity, reduced sensation to light touch along the left anterior leg and negative straight leg raise. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 MS CONTIN 30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing

review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the injured worker has utilized MS Contin 15 mg twice per day since 05/2013. There is no documentation of objective functional improvement. The injured worker continues to report constant pain in the left knee with activity limitation and insomnia. A satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. There was also no frequency listed in the current request. Based on the clinical information received, the request is non-certified.