

Case Number:	CM14-0013708		
Date Assigned:	02/26/2014	Date of Injury:	12/27/2002
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 Neurological 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 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 61-year-old male who sustained an injury on December 27, 2002. Significant tricompartmental degenerative joint disease of the knee is noted. Also noted was a chronic shoulder dysfunction and carpal tunnel syndrome. The pain scores are noted to be 9/10. Some reduction in pain is noted with the medications provided. Past surgical history included a meniscal repair and removal of loose bodies. Additional narcotic medications were prescribed. An orthopedic consultation was sought in January 2014. Multiple follow-up evaluations noted ongoing complaints of knee pain, and a real change in the physical examination. An MRI of the right shoulder is also sought. The medication Percocet was not certified in the preauthorization process. The most recent physical examination presented for review indicated a decrease in the range of motion with associated crepitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PERCOCET 10/325 MG #80 BETWEEN 12/17/2013 AND 3/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE, OPIOIDS Page(s): 80.

Decision rationale: The standards for narcotic medications are quite specific. Given this is a degenerative osteoarthritis of the knee, use of opioids is not recommended as first-line therapy. When noting the date of injury and the current pathology, there is no clear clinical indication presented for long-term use. The efficacy is marginal and the contraindications in terms of addiction are significant. Therefore, based on the clinical data presented for review, there is insufficient data presented to support this request.

1 PRESCRIPTION OF CYCLOBENZAPRINE 7.5 MG #120 BETWEEN 12/17/2013 AND 3/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: As outline by the Chronic Pain Medical Treatment Guidelines this medication is indicated for a short course of treatment and the inflammatory response would not be responsive to this type of muscle relaxant medication. Based on the progress note presented for review, there is no clear clinical indication for such a preparation.