

<b>Case Number:</b>	CM14-0015366		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/03/1983
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Family Practice 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 30 year old male injured on 10/03/83 due to undisclosed mechanism of injury. Current diagnoses included chronic knee pain. Clinical note dated 12/13/13 indicated the injured worker presented for right knee pain rated at 3/10 with difficulty walking, sitting, and standing. Physical examination revealed bilateral gluteal and hamstring muscle strength 4/5, and McMurray test positive for medial joint line. The injured worker was status post right knee arthroplasty on 05/06/10. Clinical note indicated the injured worker admitted to alcohol and illegal drug use. Clinical note dated 01/17/14 indicated the injured worker complained right knee pain rated 3/10 on VAS. The injured worker admitted to alcohol and illegal drug use. Physical examination revealed muscle strength in the right lower extremity 4/5. Treatment plan included physical therapy and prescriptions for Nucynta ER 50mg, Naprosyn 500mg, and omeprazole 20mg. The initial request for Nucynta ER 50mg one PO BID #60 and physical therapy times 12 two times six for left and right knee was initially non-certified on 01/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA ER 50 MG, ONE PO BID, #60:** 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, NSAID.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, OPIOIDS, CRITERIA FOR USE Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the injured worker has multiple reports or admitted use of illicit drug use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Nucynta ER 50mg, ONE PO BID, #60 cannot be established at this time.

**PHYSICAL THERAPY TIMES 12, 2 TIMES 6 FOR LEFT AND RIGHT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, PHYSICAL MEDICINE Page(s): 98.

**Decision rationale:** As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 12 visits over 8 weeks for the treatment of knee strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. The medical necessity of the physical therapy times 12, 2 times 6 for left and right knee cannot be established at this time.