

Case Number:	CM14-0016629		
Date Assigned:	04/11/2014	Date of Injury:	09/30/1998
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 Internal Medicine 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 patient is a 70 year old male who was injured on 04/02/1999. He carries a diagnosis of HTN, OSA, panic disorder, left knee meniscal tear, knee osteoarthritis, partial tear of his Achilles tendon, degenerative disease of the spine with disk bulges at multiple levels and neural foraminal stenosis. Prior treatment history has included the patient undergoing total knee replacement surgery of both the right and left knee in 2001 and 2012, respectively. He is status post L5-S1 left microdiscectomy. He has undergone multiple sessions of physical therapy and received epidural steroid injections as well. Medications have included Ketoprofen, Percocet, Soma, Norco, Oxycontin, Darvocet, Fentanyl Patch and Omeprazole. PR-2 dated 12/23/2013 documented the patient to have complaints of knee pain as 4/10, right greater than left, with clicking. Left knee pain is worse with kneeling or repetitive movement of the knee. He is status post left total knee replacement on 12/03/2012, with a slow recovery. He is depressed due to the pain and has difficulty sleeping due to the knee pain. Objective findings on examination of the right knee shows slight swelling. There is clicking/popping noted with range of motion of the right knee. Extension on the right is 0 degrees and flexion to 90 degrees. An examination of the left knee shows a 10 inch anterior total knee replacement surgical scar that is well healed and is minimally pink. There is only minimal swelling. Range of motion is extension 3 degrees and flexion 110 degrees. Diagnoses are right knee pain status post knee replacement and status post left total knee replacement. The treatment plan includes continue postoperative care of left total knee replacement., Ketoprofen to Naproxen Sodium 550 mg, Percocet 10/325 mg #90, Prilosec/Omeprazole 20 mg and Lunesta 2 mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID FOR CHRONIC PAIN Page(s): 75, 80.

Decision rationale: According to the California MTUS guidelines, Percocet is a short-acting opioid that is effective in controlling moderate to severe chronic and breakthrough pain. Opioids are not recommended as first line therapy for osteoarthritis. They are recommended for short-term use after there has been evidence of failure of a 1st line medication such as acetaminophen or NSAIDs. The guidelines also indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." While pain is reported to be 4/10 in a note from 12/23/13, there is no report of pain levels with and without medication use. There is no evidence that notable pain relief and functional improvement have been obtained as result of ongoing use of percocet. There is no indication that regular assessment of non-opioid and non-pharmacologic means of pain management have been done. Thus, the medical necessity for Percocet has not been established.

SOMA 350MG, #60: Upheld

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

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

Decision rationale: Carisoprodol is a muscle relaxant that is indicated as a second line agent for acute muscle spasm, sprain or strain. The medication should be used short term as long term use can result in dependence. This patient has chronic back pain and knee pain. It appears that he has been on carisoprodol chronically and efforts should be taken to wean patient off the medication. While pain is reported to be 4/10 in a note from 12/23/13, there is no report of pain levels with and without medication use. There is no evidence that notable pain relief and functional improvement have been obtained as result of ongoing use of Soma. Thus, the medical necessity for Soma has not been established.

LUNESTA 2MG, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia Treatment.

Decision rationale: The California MTUS guidelines have not addressed the issue of dispute. According to the ODG, Lunesta (non-benzodiazepine sedative hypnotic) is a medication used for the short term treatment of insomnia, usually 2-4 week in duration. Sedative hypnotics are associated with dependence and can cause impairment of memory and function, sometimes more so than opioid analgesics. They can also be associated with more pain and depression with long term use. The patient has been taking Lunesta for well above a 4 week duration. Furthermore, there is no documentation that the patient's sleep has improved with the medication. Therefore, the request is not medically necessary.