

<b>Case Number:</b>	CM14-0019164		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Occupational 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 53-year-old-female who has submitted a claim for left knee pain, s/p left knee partial meniscectomy, knee surgery associated with an industrial injury date of 12/13/10. Medical records from 2012-2013 were reviewed which revealed persistent aching, soreness, stiffness, tenderness and throbbing on the left knee. It is aggravated by bending, climbing up and down the stairs, lifting and walking. Pain scale is at 6/10. Physical examination showed abnormal results of active patellar grind test, patellar glide and patellar apprehension test. Varus and valgus stress tests were normal without laxity. McMurray test is positive. X-ray done on May 2012 showed mild tricompartment degenerative changes with small effusion. Treatment to date has included left knee partial meniscectomy, knee surgery and physical therapy sessions. Medications taken were Celebrex, Cymbalta, Inderal, Lunesta, Percocet and Butrans patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 5/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Percocet since 5/14/2013. It is being prescribed 1 - 4x a day as needed for pain. There was no report of relief of symptoms and functional improvement noted upon its use. Furthermore, the recent progress report dated 04/9/14 did not include Percocet as her active medication. Moreover, no documented monitoring through urine drug screen is being done on a periodic basis. Therefore, the request for Percocet 5/325mg/tab #120 is not medically necessary.

**BUTRANS 20MCG/HR PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** As stated on pages 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine is recommended for treatment of opiate addiction. In this case, the patient was prescribed with Butrans Patch once a week starting on 7/10/2013. Recent progress note dated 4/9/14 mentioned benefit with the use of Butrans Patch. However, objective measures of analgesia and functional gains attributed with the use of Butran was not reported. In addition, this medication is indicated for opiate addiction, which patient does not currently have. Therefore, the request for Butrans 20mcg/hr patches is not medically necessary.

**CYMBALTA 60MG #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs Page(s): 43.

**Decision rationale:** As stated on page 43 of CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin and norepinephrine reuptake inhibitors (SNRIs), such as, Cymbalta are FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. In this case, the patient was prescribed with Cymbalta 60 mg, once a day since 5/14/2013 for chronic pain. Progress report dated 4/9/14 documented that patient has benefit with previous Cymbalta use. Therefore, the request for Cymbalta 60 mg, #30 is medically necessary.