

Case Number:	CM14-0128670		
Date Assigned:	08/18/2014	Date of Injury:	02/06/2008
Decision Date:	10/01/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation 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 46-year-old female with a reported date of injury on 10/06/2008. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include internal derangement of the right knee, status post 2 previous meniscectomy with grade 2 and grade 3 chondromalacia along the medial femoral condyle, patellar joint, as well as moderate tricompartmental arthritis, complex degenerative tear of the posterior horn of the medial meniscus and trace joint effusion, status post-operative arthroscopy of the right knee, synovectomy, chondroplasty, and meniscectomy. Her previous treatments were noted to include medications, surgery, physical therapy, cortisone injections, and Hyalgan injections. The progress note dated 04/11/2014 revealed complaints of pain along the left knee. The physical examination revealed tenderness along the right knee as well as the left knee. There was swelling present bilaterally. Her gait was antalgic and wide based, and she was not using any crutches or cane. The range of motion was noted to be diminished to the bilateral lower extremities. The Request for Authorization form dated 04/14/2014 was for MS Contin 30 mg #60 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's of ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior should be addressed. There is a lack of evidence of decreased pain on numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.