

Case Number:	CM14-0153642		
Date Assigned:	09/23/2014	Date of Injury:	07/03/2013
Decision Date:	10/29/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 patient is a 62 year old female who was injured on 07/03/2013 when she turned and heard a pop in her right knee and felt pain. Prior treatment history has included 12 sessions of physical therapy and knee brace. The patient underwent right knee arthroscopy with partial lateral meniscectomy and chondroplasty on 12/09/2013. There is no medication history provided for review. There were no toxicology reports available for review. Progress report dated 06/2014 states the patient presented with complaints of right knee pain that is frequent and sharp in nature. She reported she takes Bayer aspirin as it helps with the pain. She rated her pain as an 8/10 and is reduced when she sits down. On exam, she had medial and lateral pain on the right knee. There is grinding noted with range of motion and localized edema over the medial surface of the knee. Her deep tendon reflexes were 2+ bilaterally in the lower extremities and intact motor muscle strength. Impression is to rule out right meniscus tear. Prior utilization review dated states the request for Oxycodone/APAP 10/325mg #100 is denied as medical necessity has not been established; and Warfarin 4mg #50 is denied as there is no indication of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE/APAP 10/325MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: The MTUS guidelines regarding on-going management of opioids states "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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). 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 was given a refill of norco as documented on note 6/30/14 and is on on-going opioids. There is no documentation of the 4 A's, only statements including "She continues to have significant pain... she still has ongoing chronic pain that is present at all times." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

WARFARIN 4MG #50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), current online as of 10/2014, knee/leg, warfarin Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682277.html>

Decision rationale: The MTUS guidelines regarding warfarin use states "Recommended as an anticoagulation treatment option for patients with venous thromboembolisms (VTEs) of the leg." In this case, there is no documentation of venous thromboembolism. Notes from 6/11/14 and 6/30/14 documents diagnoses as "right knee injury, status post arthroscopy, including partial lateral meniscectomy with chondroplasty of all three compartments with grade 4 chondromalacia of the medial compartment" without note of VTE. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.