

Case Number:	CM14-0026772		
Date Assigned:	06/13/2014	Date of Injury:	05/21/2004
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Sports 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 injured worker is a 67-year-old female who reported an injury on 05/21/2004. The mechanism of injury was reported to be boxes that fell on her. Per the progress note dated 01/30/2014, the injured worker continued to report pain to the bilateral knees and low back. On examination the injured worker was found to have no radiation, tingling, or numbness to the lower extremities. The pain was rated as 5/10. The injured worker's gait was reported to be antalgic with an unsteady step and slight tremor at the knees. There was also pitting edema reported to the bilateral knees. Diagnoses for the injured worker were reported to include knee pain, myalgia, joint pain, bilateral degenerative arthritis, history of medial and lateral meniscus tears, partial medial meniscectomy and chondroplasty on the right in 2004 and on the left in 2005. Per the orthopedic note dated 01/21/2014, on physical exam the range of motion of the right knee was 0 degrees to 100 degrees, range of motion of the left knee was 0 degrees to 105 degrees. McMurray's stress test was negative. Current medications include potassium chloride, Ativan, erythromycin, fluticasone nasal, vitamin D, Lactulose, levothyroxine, oxycodone, Lasix, OxyContin, and metoprolol. The Request for Authorization for Medical Treatment for the Ativan, oxycodone, and OxyContin was not provided in the documentation nor was the provider's rationale for the request. Previous treatments for the injured worker included physical therapy, TENS unit, heat and ice, injections, steroids, exercise, surgery, massage, medications, imaging, and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS ATIVAN 1MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: Per the California MTUS Guidelines, benzodiazepines are not recommended for longterm use because longterm efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is a lack of documentation regarding the use of this medication, including the length of time the injured worker has utilized this medication. There is a lack of documentation regarding the efficacy of the medication. There is a lack of documentation regarding assessment and consideration of alternative treatments. In addition, the request did not include frequency information for the medication. Therefore, the request for 30 tablets of Ativan 1 mg is not medically necessary.

60 TABLETS OXYCODONE 5MG: 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): 74-80.

Decision rationale: The California MTUS Guidelines state opiates are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain; however, for continuous pain extended release opiates are recommended. The 4 domains for ongoing monitoring are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any aberrant behavior. Monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. There is a lack of documentation regarding the use of this medication and the efficacy of the medication. There is a lack of objective clinical findings regarding an increase in functionality or decrease in pain while on this medication. There is a lack of documentation regarding assessment and consideration of alternative treatments. In addition, the request did not include frequency information for the medication. Therefore, the request for 60 tablets of oxycodone 5 mg is not medically necessary.

60 TABLETS OXYCONTIN EXTENDED-RELEASE 10MG: 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): 74-80.

Decision rationale: Per the California MTUS Guidelines, long-acting opiates are a highly potent form of opiate analgesic. The purported advantage of long-acting opioids is that they stabilize medication levels and provide around-the-clock analgesia. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Failure to respond to a time limited course of opioids has led to suggestion of re-assessment and consideration of alternative therapy including consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The 4 domains purposed for most relevance for ongoing monitoring for patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any 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. Continuing review of overall situation with regard to non-opioid means of pain control should be employed and opioid should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Opioids can be continued if the patient has returned to work or if the patient has improved functioning and pain. There is a lack of documentation regarding the use of this medication and the efficacy of the medication. There is a lack of objective clinical findings regarding and increase in functionality or decrease in pain while on this medication. There is a lack of documentation regarding non-opioid medications that have been attempted for the injured worker. There is a lack of documentation regarding assessment and consideration of alternative treatments. In addition, the request did not include frequency information for the medication. Therefore, the request for 60 tablets of OxyContin extended release 10 mg is not medically necessary.