

Case Number:	CM14-0029973		
Date Assigned:	06/20/2014	Date of Injury:	07/06/2012
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Neurology Surgery 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 47-year-old male injured on July 6, 2012. The mechanism of injury noted a stove falling on him while moving it on a dolly resulting in a knee injury. The most recent progress note, dated February 10, 2014 indicated that there were ongoing complaints of left knee pain and weakness. Pain level taking tramadol and Anexsia was 2/10 on visual analog scale. The injured worker utilizes a cane. Physical examination revealed decreased range of motion with flexion to 100. There was joint tenderness medially and laterally with decreased quadriceps strength 4/5. Diagnostic studies were unavailable. Previous treatment included left knee arthroscopy x 2, postoperative physical therapy and multiple medications including Robaxin, tramadol and Anexsia. Request had been made for Anexsia 7.5 #50 and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia 7.5/325 mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 75-78 of 12.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines for ongoing opioid management, there must be documentation stating current pain, the least reported pain over the period since last assessment, the intensity of pain after taking the medication and how long it takes for pain relief including how long pain relief lasts. There must be documentation of functional improvements in activities of daily living as a result of using opioids. Based on the lack of documentation, only one urine drug screen, no pain management contract and persistent pain after two knee surgeries, there is no evidence that the patient has tried other analgesics. Therefore, there is no indication that this drug is medically necessary. Therefore, the request is not medically necessary.