

Case Number:	CM14-0061342		
Date Assigned:	07/09/2014	Date of Injury:	04/14/2009
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 male, who has submitted a claim for left right knee sprain, lumbar sprain and insomnia associated with an industrial injury date of April 14, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of knee and low back pain. Physical examination of the left knee showed, slight swelling along the outer aspect of knee lateral to the patella. Tenderness was noted on the side of the scar. Examination of the right knee showed, slight swelling. ROM is unrestricted from full extension to 150 degrees of flexion with no crepitus in the patellofemoral joint. Tenderness was noted at the medial joint line of the right knee. Examination of the lower extremities showed edema on deep palpation on the tibia. ROM of the lumbar spine showed, patient can flex to mid patella but pain was noted beyond that. Treatment to date has included Norco, Oxycodone, Xanax, physical therapy and s/p total knee replacement, left. Utilization review from April 17, 2014 denied the request for Xanax 1mg #30 because it is not recommended for long-term use. In addition, the request for Oxycodone 30mg #90 and Norco 10/325mg #60 was also denied because there was no evidence of improved pain and functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90: Upheld

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

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

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. Given the 2009 date of injury, the duration of opiate use to date is not clear. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore the request for Oxycodone 30mg #90 is not medically necessary.

Norco 10/325mg #60: Upheld

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

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

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. Given the 2009 date of injury, the duration of opiate use to date is not clear. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore the request for Norco 10/325mg #60 is not medically necessary.

Xanax 1mg #30: Upheld

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

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, it states that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, documents submitted showed that the patient has been on Xanax since

November 2013, which is beyond what the guidelines suggests. Therefore, the request for Xanax 1mg #30 is not medically necessary.