MAXIMUS Federal Services

Case Number:	CM14-0071570		
Date Assigned:	07/16/2014	Date of Injury:	09/07/2012
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/17/2014

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 Occupational 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 patient is a 51-year-old female who has submitted a claim for internal derangement of the left knee, and chronic left knee pain associated with an industrial injury date of September 7, 2012.Medical records from 2013-2014 were reviewed. The patient complained of left knee pain, rated 7-8/10 in severity. She was having difficulty with her activities of daily living due to increased pain. Physical examination showed tenderness in both medial and lateral compartments of the left knee. Ligament laxity was not identified with stress testing. Range of motion of the left knee was limited. CT scan of the left knee (undated) showed probable degenerative cystic changes of the distal shaft of the left femur with bony sclerosis. Official report of the imaging study was not available for review.Treatment to date has included medications, physical therapy, home exercise program, activity modification, and left total knee arthroplasty.Utilization review, dated April 15, 2014, denied the request for Norco 10/325mg qty: 90.00 because there was no indication if the medication was helping the patient, no comment made about an opioid agreement, and no urine drug testing or periodic review of the medication; denied the request for Elavil 50mg because it did not show if this was helping the patient and if the request for new medication was indicated; and denied the request for orthopedic consultation because there was no swelling, CT scan of the knee only showed degenerative changes, and no comment was made if the painful knee was the one which underwent total knee replacement. Another utilization review, dated May 27, 2014, denied the request for Norco 10/325mg because there was no documentation of objective evidence of efficacy for chronic Norco use and no evidence of compliance monitoring; denied the request for Elavil 50mg because there was no documentation of efficacy of its use, no neuropathic pain or chronic non-neuropathic pain with depression, and no rationale for this medication; and denied the request for additional orthopedic evaluation, left

knee because there was no documentation of a need for a second additional orthopedic consultation for review of CT scan in addition to the one certified on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 91-92.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially 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. In this case, patient has been taking Norco since at least January 2014. However progress report did not show benefit from its use. Furthermore, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.

Elavil 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elavil Page(s): 13, 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines page 13-14, tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the patient was taking Elavil since at least March 2014. There was no documented rationale for utilizing this medication. Furthermore, the most recent progress notes did not indicate any problems with sleep nor were there any discussion concerning the patient's sleep hygiene. Moreover, there was no evidence of overall pain improvement, continued functional benefits and improved sleep quality and duration from this medication. The medical necessity has not been established. Therefore, the request for Elavil 10MG #30 is not medically necessary.

Orthopaedic consultation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient was requesting an orthopedic consultation due to findings of her CT scan results. The CT scan (undated) showed probable degenerative cystic changes of the distal shaft of the left femur with bony sclerosis. However, the patient was referred to an orthopedist since January 2014. Moreover, utilization review dated May 6, 2014 states that an orthopedic evaluation was already certified on March 14, 2014. It is not known whether the patient already underwent this evaluation. The medical necessity has not been established. Therefore, the request for Orthopaedic Consultation is not medically necessary.