

Case Number:	CM14-0075740		
Date Assigned:	07/16/2014	Date of Injury:	11/21/2003
Decision Date:	12/12/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 39 year old male who sustained an industrial injury on 11/21/03. His history was significant for right knee medial meniscal tear with status post repair in 2004. The visit note from 02/24/14 was reviewed. Chief complaint was right knee pain. He was working. The knee pain was 3/10 and occasional. Anexsia was noted to improve pain from 7/10 to 3/10. He had attended 6 out of 12 sessions of physical therapy which helped him to decrease pain. Examination of the right knee decreased range of motion with flexion at 130 degrees and extension at 0 degrees. There was tenderness to the medial joint line and positive valgus and varus stress as well as positive McMurray's on the right side. There was decreased quadriceps strength 4/5 on the right knee with flexion and abduction. Diagnoses included right knee medial meniscal tear status post repair, left knee pain secondary to compensatory for the right knee, small joint effusion of the right knee and doubt for anterior cruciate ligament tear per MRI of the right knee. He was given a refill of Anexsia and was advised to continue attending physical therapy. The visit note from 03/31/14 was also reviewed. He was noted to have an improvement of pain from 5/10 to 2/10 after taking Anexsia. He reported improvement with physical therapy. Examination showed decreased range of motion with tenderness at medial joint line. There was positive valgus and varus stress as well as positive McMurray's on the right. There was decreased quadriceps strength 4/5 on the right knee with flexion and abduction. The plan of care included additional therapy, Anexsia and Kera-Tek analgesic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia 7.5/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Long Term Opioid Use, Opioid Pain Treatment Agreement

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, ongoing management Page(s): 78.

Decision rationale: MTUS Chronic Pain Guidelines recommend continuing opioids if the patient has returned to work and if the patient has improved functioning and pain. The employee was being treated for right knee pain. He was noted to have improvement in pain and was working. Even though functional improvement has not been clearly documented, the employee already meets two criteria for continuing opioids. So the request for Anexsia 7.5/325mg, #60 is medically necessary and appropriate.