

Case Number:	CM14-0190965		
Date Assigned:	11/24/2014	Date of Injury:	01/07/2003
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 70 year old female with an injury date on 1/7/03. The patient complains of severe right knee pain per the 11/5/14 report. The patient had a prior left total knee replacement in 2009 per 10/8/14 report, and a right knee replacement surgery is being recommended. The patient also complains of depression and weight loss, but acupuncture does help with pain per 8/13/14 report. Based on the 10/8/14 progress report provided by the treating physician, the diagnoses are: 1. adj react-mixed emotion 2. int derangement knee 3. lumbar disc displacement A physical exam on 10/8/14 showed "left knee painful range of motion." The 11/5/14 report states right knee reduced range of motion. The patient's treatment history includes medications, walking aids, acupuncture (helpful). The treating physician is requesting one prescription of acet with codeine 300/30mg #60. The utilization review determination being challenged is dated 11/7/14 and denies request due to lack of documentation that the patient has failed first line medication, nor has patient previously been on Tylenol with codeine to warrant a weaning program. The requesting physician provided treatment reports from 5/19/14 to 11/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Acet with Codeine 300/30 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78, 8.

Decision rationale: This patient presents with right knee pain. The physician has asked for one prescription of Accet with codeine 300/30mg #60 but the requesting progress report is not included in the provided documentation. The patient does not have a history of taking Accet with codeine, but has been taking Norco since 5/19/14 report. For chronic opioids use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient presents with chronic knee pain. The patient does not have a history of taking Accet with Codeine. However, there is no discussion as to why this medication is being added. There is no documentation of the four A's as required by the MTUS for chronic use of opiates. The physician does not mention any problems with the Norco and whether or not the medication is being switched. The MTUS page 8 requires that the treating physician provided monitoring of the patient's condition. Given the lack of any discussion regarding the request, the prescribed Accet with codeine is not medically necessary.