

Case Number:	CM14-0191822		
Date Assigned:	11/25/2014	Date of Injury:	01/11/2005
Decision Date:	01/12/2015	UR Denial Date:	11/12/2014
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 Internal 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 an injured worker with bilateral knee pain. Date of injury was 6/17/14. The pain management evaluation report dated 6/17/14 documented a chief complaint of chronic bilateral knee pain. Medications included Abstral (Fentanyl), Amitriptyline, Celebrex, and Nucynta. Physical examination was documented. On examination, the patient has knee pain. She has on going pain and decreased range of motion of knee, with bilateral knee pain. Her gait is still antalgic. There is no new neurological changes. Diagnoses included chronic bilateral knee pain, status post left knee arthroscopy. Treatment plan included Norco, Celebrex, Nucynta, and Fentanyl (Abstral). The orthopedic agreed medical evaluation report dated 6/24/14 documented MRI magnetic resonance imaging results. MRI magnetic resonance imaging of the right knee 4/23/14 reveals the applicant has severe patellofemoral chondromalacia. This includes moderate thinning of the articular cartilage of the patella and the trochlear groove. There was some mild thinning of the articular cartilage at the femoral and tibial condyles. MRI magnetic resonance imaging of the left knee magnetic resonance imaging reveals a patella baja condition with moderate chondromalacia of the patella. There was mild thinning of the articular cartilage in the femoral and tibial condyles. The agreed medical evaluation report dated 9/19/14 documented right hip, bilateral knee, and left ankle complaints. A review of chart notes indicated that the examinee no longer exhibits certain findings, such as thigh atrophy or laxity of the medial collateral ligament. There appears to have been some change in her range of motion measurements. Range of motion of the right knee were extension -10 and flexion 115 degrees, with normal varus and valgus. Range of motion of the left knee were extension -5 and flexion 90 degrees, with normal varus and valgus. MS Contin 30 mg and Mobic were requested 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48, 346-347, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee conditions. Medical records document the long-term use of opioids. ACOEM guidelines state that the long-term use of opioids is not recommended for knee conditions. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The latest physical examination was presented in the pain management evaluation report dated 6/17/14. MS Contin 30 mg was requested 10/31/14. The supporting physician progress reports were not submitted for review. Without supporting progress reports, the 10/31/14 request for MS Contin, which is a schedule II controlled substance, is not supported. Therefore, the request for MS Contin 30mg # 30 is not medically necessary.

Mobic 25 mg #60 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which

are recommended for NSAID use per MTUS. No recent blood pressure measurements were present in the medical records. MTUS guidelines recommend monitoring of blood pressure. Medical records indicate long-term NSAID use, which is not recommended by MTUS. Long-term NSAID use is not recommended by MTUS. The latest physical examination was presented in the pain management evaluation report dated 6/17/14. Mobic was requested 10/31/14. The supporting physician progress reports were not submitted for review. Without supporting progress reports, the 10/31/14 request for Mobic (NSAID) is not supported. Therefore, the request for Mobic 25 mg # 60 3 refills is not medically necessary.