

Case Number:	CM14-0037557		
Date Assigned:	06/25/2014	Date of Injury:	07/05/2010
Decision Date:	01/29/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Nephrology 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:

This is a 51-year-old female with a 7/5/10 date of injury. The injury occurred when she stepped off a ledge and twisted her knee. An evaluation on April 8, 2014 indicated that the patient has had right knee surgery, and utilized a transcutaneous electrical stimulation unit, and a cane for ambulation. The record also indicated that there was a back sprain, and she had issues with sleep. The physical findings on April 8, 2014, are tenderness along the joint line medially on the left with weakness, "motion is 180 degrees to 120 degrees of flexion in the knees". The records indicated that the patient had blood testing 2 months ago, and they did not need to be repeated. Diagnostic impression: internal derangement of the knee bilaterally status post 2 surgical interventions on the right with meniscectomy and chondroplasty along the patella, hypertension. Treatment to date: medication management, activity modification, surgeries, TENS unit. On March 24, 2014, Utilization Review non-certified the request for liver and kidney function blood testing, and Percocet 10/325 mg, quantity #180. Regarding Percocet, there was no established role for the use of high dose long-term narcotic medications in the treatment of osteoarthritis, and the patient, therefore, should get by with medications with the safer profile, such as Tylenol or ibuprofen. Regarding liver and kidney function blood testing, a specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. In addition, given the 2010 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Percocet 10/325mg #180 was not medically necessary.

Liver and Kidney Function blood testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal anti-inflammatory drugs (NSAIDS) Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings.

Decision rationale: CA MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. However, in the present case, it is noted that this patient had blood testing performed 2 months ago, and they did not need to be repeated. There is no documentation of the results of the prior blood testing that would warrant the necessity for repeat testing at this time. It is unclear why this request is being made when the provider has indicated that repeat testing was unnecessary. Therefore, the request for Liver and Kidney Function blood testing was not medically necessary.