

Case Number:	CM14-0079545		
Date Assigned:	07/18/2014	Date of Injury:	08/19/2012
Decision Date:	01/27/2015	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/30/2014

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:

Injured worker is a female with date of injury 8/19/2012. Per clinical encounter summary dated 4/17/2014, the injured worker complains of chronic right knee pain due to CRPS following traumatic injury. She is now able to walk 10 steps without a crutch, however this is very painful. She uses one crutch for most ambulation. She notes increased pain since her last appointment, following an instance in which she was walking and standing for a prolonged period and had a "pop" in the knees bilaterally. She had an injection in the right knee which made the pain much worse. The injured worker is reported to be in a maintenance phase of pain management with the use of Percocet. She reports a 50% decrease in pain although it is not adequately managing her pain. She uses Lidoderm patches for localized pain symptoms mostly after physical therapy which she notes take the edge off the pain. On examination she has an antalgic gait favoring the right side, using a straight cane. Erythema is noted over the right knee. Ecchymosis is noted over the right knee around surgical incision. There is right knee joint swelling. Right knee range of motion is notable for flexion limited to 90 degrees. She wears a brace on the right knee. Diagnoses include 1) anxiety state 2) knee pain 3) reflex sympathetic dystrophy of lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95 and 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is noted to have severe limitation in function and severe chronic pain due to traumatic injury to her right knee. AME dated 7/17/2014 describes the injured worker's clinical presentation as a severe degenerative end stage knee joint condition and not complex regional pain syndrome (CRPS). Percocet is reported to have a 50% improvement in her pain; however, she continues to have poor pain control and functionally limited, although she is now able to walk 10 steps without a crutch. She is reported to be in a maintenance phase of her pain management with the use of Percocet. She has met with a surgeon who is suggesting surgery, and the injured worker is interested in surgery. AME dated 7/17/2014 agrees that the injured worker has not reached maximum medical improvement and may need orthopedic surgery. It is not prudent to discontinue opioid pain medications at this time as the injured worker has yet to receive definitive treatment and has significant relief with the use of Percocet. The request for 1 Prescription of Percocet 10/325mg #180 is determined to be medically necessary.

1 Prescription of Flector 1.3% transdermal patches #60 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73 and 111-113.

Decision rationale: The Flector Patch is a topical analgesic containing Diclofenac Epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. This is noted to be a new medication for this injured worker. The claims administrator modified the request to one month instead of two to determine efficacy prior to continuing the medication. Two months treatment with Flector Patch is consistent with the MTUS Guidelines, although the utilization review opinion is valid as medication use should be evaluated for efficacy prior to continuation. Medical necessity is determined to have been established as the request is consistent with the guidelines, and the second month is a refill order. The request for 1 Prescription of Flector 1.3% Transdermal Patches #60 with 1 refill is determined to be medically necessary.

