

Case Number:	CM15-0004660		
Date Assigned:	01/15/2015	Date of Injury:	09/06/2001
Decision Date:	03/24/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 injured worker is a 58-year-old female who reported an injury on 09/06/2001. The mechanism of injury was not provided. Other therapies included a right knee surgery and a left knee arthroplasty. There were multiple Requests for Authorization dated 12/09/2014 regarding the requested interventions and medications. The physician documentation of 12/09/2014 revealed the injured worker complained of aching pain in the low back and spasms and pain in the bilateral knees. The injured worker's medications were noted to include ibuprofen, tizanidine, and gabapentin. The injured worker was not attending therapy. Prior therapies included physical therapy. The physical examination revealed bilateral joint line tenderness with loss of bony landmarks. There was crepitus on motion, which was reduced. Flexion was 95 degrees and there was pain with resisted leg extension. The injured worker was noted to be 5 feet 7 inches and weigh 320 pounds. The examination of the left knee revealed fair range of motion and tenderness in the joint line. The injured worker was injected with steroid injection, including lidocaine and Celestone. The diagnoses included obesity, carpal tunnel syndrome, right knee chondromalacia patella, status post right knee surgery, status post left knee total arthroplasty, cervical and lumbar sprain, and ring and long trigger finger, left worse than right. The treatment plan included a renewal of the Butrans patch, a renewal of ibuprofen 800 mg one 3 times a day, and the prescription for APAP with codeine 300/30 mg #60 by mouth every 6 to 8 hours as needed to replace the use of Norco. Additionally, the medications included gabapentin 600 mg and tizanidine 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300/30mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. Tylenol with codeine is considered a synthetic opioid. As such, the opioid ongoing management guidelines were applied. The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing opioids for an extended duration of time. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for APAP/codeine 300/30mg quantity 60 is not medically necessary.

One intra-articular injection to the right knee; 2cc of celestone and 6cc of lidocaine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (s) 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The American College of Occupational and Environmental Medicine indicates invasive techniques, such as needle aspiration of effusion or prepatellar bursal fluid or cortisone injections are not routinely indicated. The rationale for the requested service was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above and the lack of documented rationale, the request for one intra-articular injection to the right knee; 2cc of Celestone and 6cc of lidocaine is not medically necessary.

Butrans patch 20mcg, quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication. The request as submitted failed to indicate the frequency and quantity for the requested medication. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. Given the above and the lack of documentation, the request for Butrans patch 20mcg, quantity not indicated is not medically necessary.