

Case Number:	CM15-0142522		
Date Assigned:	08/03/2015	Date of Injury:	11/17/2003
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 11-17-03. The injured worker was diagnosed as having bilateral upper extremity tenosynovitis, status post bilateral carpal tunnel release, left knee patellofemoral arthralgia, status post right total knee replacement with multiple releases and status post capsulotomy, synovectomy, and medial release. Treatment to date has included a home exercise program and medication. Currently, the injured worker complains of left knee pain. The treating physician requested authorization for Percocet 5-325mg #120 and MS Contin 60mg #60. The patient sustained the injury due to cumulative trauma. The patient has had MRI of the left knee that revealed degenerative changes. Per the note dated 6/19/15 the patient had complaints of pain and weakness in lower extremity at 7-8/10. Physical examination of the left knee revealed tenderness on palpation, positive McMurray's test and limited range of motion. Patient had received Synvisc injections for this injury. The medication list includes Percocet, Lidoderm patch and MS contin. Per the note dated 4/1/15 the patient had left upper extremity cellulitis. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg 1 PO QD #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Request Percocet 5/325mg 1 PO QD #120 Percocet contains acetaminophen and Oxycodone which is an opioid analgesic According to CA MTUS guidelines cited below, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition according to the cited guidelines: Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The injured worker was diagnosed as having bilateral upper extremity tenosynovitis, status post bilateral carpal tunnel release, left knee patellofemoral arthralgia, status post right total knee replacement with multiple releases and status post capsulotomy, synovectomy, and medial release. The patient has had MRI of the left knee that revealed degenerative changes. Per the note dated 6/19/15 the patient had complaints of pain and weakness in lower extremity at 7-8/10. Physical examination of the left knee revealed tenderness on palpation, positive McMurray's test and limited range of motion Per the note dated 4/1/15 the patient had left upper extremity cellulitis. The pt has had several surgeries to the right knee and has significant objective abnormalities in the left knee as well , in addition to cellulitis recently. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Percocet 5/325mg 1 PO QD #120 is medically necessary and appropriate in this patient.

MS Contin 60mg 1 PO Q12H #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: MS Contin 60mg 1 PO Q12H #60 is an opioid analgesic. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to

non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications, without the use of MS Contin, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of MS Contin 60mg 1 PO Q12H #60 is not established for this patient, given the records submitted and the guidelines referenced, therefore is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.