

Case Number:	CM15-0200821		
Date Assigned:	10/15/2015	Date of Injury:	05/01/2000
Decision Date:	11/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 52 year old female, who sustained an industrial-work injury on 5-1-00. She reported initial complaints of back, knee, and hip pain. The injured worker was diagnosed as having lumbar spine sprain-strain, displacement of lumbar intervertebral disc without myelopathy, lumbago, long term use of medications, insomnia, pain in joint involving lower leg, arthritis, peripheral neuropathy, knee pain, and anxiety. Treatment to date has included medication, surgery, and CBT (cognitive behavior therapy), and diagnostics. Currently, the injured worker complains of unchanged hip pain, low back pain and left knee pain. Percocet has been weaned with inability for restful sleep and ability for completing household duties. The left knee is constant and worse with weight bearing that increased with recent fall with catching and buckling. Per the primary physician's progress report (PR-2) on 1-26-15, exam noted slight limp on left, left knee has no effusion, tender medial and lateral areas, positive crepitus, range of motion at 0-115 degrees, slight weakness, and positive tender tibia. On 5-10-15 and 7-25-15, psychologist evaluation reported cognitive distortions and CBT (cognitive behavior therapy) sessions. The Request for Authorization requested service to include 150 MS IR 15mg. The Utilization Review on 10-5-15 denied the request for 150 MS IR 15mg, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

150 MS IR 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 1/26/15. Therefore the determination is for non-certification. The request is not medically necessary.