MAXIMUS Federal Services

Case Number:	CM15-0203389		
Date Assigned:	10/20/2015	Date of Injury:	02/06/2008
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 2-6-08. The injured worker was diagnosed as having right knee internal derangement status post two previous meniscectomies with grade II and grade III chondromalacia and chronic pain related to inactivity. Subjective findings (1-29-15, 4-9-15, 6-23-15 and 8-6-15) indicated right knee pain. The injured worker is using a front-wheeled walker for ambulation. The treating physician recommended a total right knee replacement. Objective findings (1-29-15, 4-9-15, 6-23-15 and 8-6-15) revealed tenderness along the right knee, right knee extension is 160-165 degrees and flexion is 110-115 degrees. There is also a positive McMurray's sign medially. There is no documentation of current pain level or pain levels with and without medications. As of the PR2 dated 9-10-15, the injured worker reports pain in her right knee. She has not worked since 2008. Objective findings include right knee flexion is 110 degrees and extension is 160 degrees, tenderness along the joint line and weakness to resisted function. Current medications include Naproxen, Trazodone, Effexor XR, Aciphex and Percocet (since at least 1-29-15). Treatment to date has included a TENS unit, a DonJoy brace, psychiatric treatments, physical therapy for the right knee x 24 sessions, and several right knee surgeries (most recent on 4-22-13). The Utilization Review dated 9-21-15, non-certified the request for Percocet #140.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 09/10/15 with unrated right knee pain and depression secondary to chronic pain and loss of function. The patient's date of injury is 02/06/08. Patient is status post right knee meniscectomy and chrondroplasty in April 2014. The request is for Percocet #140. The RFA is dated 09/10/15. Physical examination dated 09/10/15 reveals tenderness to palpation of the right knee joint line and weakness to "resisted function." The patient is currently prescribed Percocet, Aciphex, Effexor, Trazodone, Promethazine, Naproxen, Pantoprazole, Gemfibrozil, Metoprolol, and Claritin. Patient is currently not working. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the continuation of Percocet for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note dated 09/10/15 provides a lengthy discussion of this patient's functional declines, utilization review denials for both medications and procedures, though does not specifically address the efficacy of this patient's current medication regimen. MTUS guidelines require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does indicate that this patient's urine drug screening to date has been consistent, though neglects to provide any measures of analgesia, activity-specific functional improvements, and a statement regarding a lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.