MAXIMUS Federal Services

Case Number:	CM15-0060139		
Date Assigned:	04/06/2015	Date of Injury:	08/10/2010
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: Internal 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 66 year old female, who sustained an industrial injury on 8/10/2010. The mechanism of injury was not provided for review. The injured worker was diagnosed as having knee pain, reflex sympathetic dystrophy of the lower limb, spondylosis and lumbar radicular pain. There is no record of a recent diagnostic study. Treatment to date has included mm. In a progress note dated 3/17/2015, the injured worker complains of left knee pain. The treating physician is requesting Dilaudid and Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48, 346-347, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee complaints. Medical records document the long-term use of opioid medications, which is not supported by MTUS and ACOEM guidelines. ACOEM guidelines indicate that the long-term use of opioids is not recommended for knee complaints. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The progress report dated 3/17/15 documented a history of left knee pain status post knee replacement surgery. No musculoskeletal physical examination was documented. The treatment plan was to continue Dilaudid 4 mg. No quantity of Dilaudid was documented. The 3/17/15 progress report was the only progress report present in the submitted medical records. Utilization review peer review referral date was 3/16/15. Request for authorization RFA date was 12/22/14. The corresponding progress report was not present in the submitted medical records. Without a documented musculoskeletal physical examination, the request for Dilaudid is not supported. Without the corresponding progress report, the request for Dilaudid is not supported. Because the quantity of Dilaudid was unspecified, the request cannot be endorsed. Therefore, the request for Dilaudid is not medically necessary.

Opana 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48, 346-347, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee complaints. Medical records document the long-term use of opioid medications, which is not supported by MTUS and ACOEM guidelines. ACOEM guidelines indicate that the long-term use of opioids is not recommended for knee complaints. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular

review and re-evaluation. The progress report dated 3/17/15 documented a history of left knee pain status post knee replacement surgery. No musculoskeletal physical examination was documented. The treatment plan was to continue Opana 5 mg. No quantity of Opana was documented. The 3/17/15 progress report was the only progress report present in the submitted medical records. Utilization review peer review referral date was 3/16/15. Request for authorization RFA date was 12/22/14. The corresponding progress report was not present in the submitted medical records. Without a documented musculoskeletal physical examination, the request for Opana is not supported. Without the corresponding progress report, the request for Opana not supported. Because the quantity of Opana was unspecified, the request cannot be endorsed. Therefore, the request for Opana is not medically necessary.