

Case Number:	CM15-0086987		
Date Assigned:	05/11/2015	Date of Injury:	04/13/2012
Decision Date:	08/13/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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, Pain Management

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 48-year-old male, who sustained an industrial injury on 04/13/2012. He has reported injury to the left knee. The diagnoses have included left knee pain; and major depressive disorder. Treatment to date has included medications, diagnostics, injections, activity modification, chiropractic therapy, physical therapy, and home exercise program. Medications have included Norco, MS Contin, and Zoloft. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing left knee pain; he continue to struggle with pain; he rated the pain at 10/10 without medications, coming down to about a 3/10 or 4/10 with medication; he has an orthopedic consultation for the knee later in the month; he is working full time; and the medications allow him to stay functioning and allow adequate pain control to be able to work. Objective findings included no significant change; the MRI of the left knee, dated 06/21/2012 shows an undersurface tear of the posterior horn of the medial meniscus and edema at the posterior aspect of the anterior cruciate ligament; and x-ray of the left knee, dated 02/26/2013, is normal. The treatment plan has included the request for Morphine Sulfate Contin 15mg quantity 60; Norco 10/325mg quantity 180; and Zoloft 100mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Contin 15mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), Chronic Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and reducing his pain from 10/10 to 3/10. The patient has no side effects on medication, and a urine drug screen on 1/27/2015 showed consistent usage. The provider also documents a signed pain contract on file and that the patient is only getting his medication from one provider. As such, the currently requested MS Contin (Morphine Sulfate ER) is medically necessary.

Norco 10/325mg quantity 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Within the documentation available for review, there is indication that the medication is improving the patient's function and reducing his pain from 10/10 to 3/10. The patient has no side effects on medication, and a urine drug screen on 1/27/2015 showed consistent usage. The provider also documents a signed pain contract on file and that the patient is only getting his medication from one provider. As such, the currently requested Norco is appropriate and medically necessary.

Zoloft 100mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107-108.

Decision rationale: Regarding the request for Zoloft (sertraline), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is a diagnosis of depression, and documentation of Zoloft helping with his symptoms of depression. As such, continuing use of Zoloft is appropriate and medically necessary.