

Case Number:	CM15-0088738		
Date Assigned:	05/13/2015	Date of Injury:	07/05/2009
Decision Date:	06/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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 33-year-old male, who sustained an industrial injury on July 5, 2009, incurring injuries to the right knee. He was diagnosed with derangement of the medial and lateral meniscus of the right knee and chondromalacia of the right patella. He underwent a right knee arthroscopy. Treatment included physical therapy, knee injections, pain medications, anti-inflammatory drugs, and work restrictions. Currently the injured worker complained persistent right knee pain worse when walking, squatting or standing. Medications, hot showers and ice packs give minimal relief. The knee was noted to have crepitus and decreased extension and flexion. The treatment plan that was requested for authorization included a custom right knee brace and prescriptions for Oxycontin, Percocet, and Tramadol. A progress report dated April 7, 2015 states that the patient's current medication reduces his pain from 10/10 to 5/10. The patient takes tramadol 50 mg 1 to 2 tablets 3 times a day, Percocet one tablet every 6 hours, and OxyContin 30 mg every 8 hours. He denies any side effects, and states he is taking all medications the way they are prescribed. The note indicates that the patient is able to take long walks with his family and do activities of daily living because of the medication. Physical examination revealed mild crepitus in the right knee with decreased range of motion and antalgic gait. Diagnoses include derangement of posterior horn of medial meniscus, chondromalacia patella, and derangement of anterior horn of lateral meniscus. The treatment plan recommends continuing medication and request authorization for a right custom knee brace. The note goes on to state the urine drug screens have been consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycontin 40 mg Qty 90, California Pain Medical Treatment Guidelines note that it 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 pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Oxycontin 40 mg Qty 90 is medically necessary.

Percocet 10/325 mg Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet 10/325 mg Qty 120, California Pain Medical Treatment Guidelines note that it 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 pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that most guidelines would recommend using only one short acting medication at a time. However, a one-month prescription of this medication should allow the requesting physician time to better identify why the patient requires 2 PRN dosed short-acting medications. In light of the above, the currently requested Percocet 10/325 mg Qty 120 is medically necessary.

Tramadol 50 mg Qty 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tramadol 50 mg Qty 180, California Pain Medical Treatment Guidelines note that it 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 pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that most guidelines would recommend using only one short acting medication at a time. However, a one-month prescription of this medication should allow the requesting physician time to better identify why the patient requires 2 PRN dosed short-acting medications. In light of the above, the currently requested Tramadol 50 mg Qty 180 is medically necessary.

Custom knee brace, Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Criteria for use of knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace.

Decision rationale: Regarding the request for a knee brace, Occupational Medicine Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated, or any indication that the patient will be stressing the knee under load. Additionally, there is no indication as to why the patient would require a custom knee brace as opposed to an off the shelf version. In the absence of such documentation, the currently requested knee brace is not medically necessary.