

Case Number:	CM14-0133174		
Date Assigned:	08/22/2014	Date of Injury:	11/06/2008
Decision Date:	09/30/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who has submitted a claim for localized primary osteoarthritis of lower leg associated with an industrial injury date of November 6, 2008. Medical records from 2014 were reviewed. The patient complained of right lateral knee pain rated 7/10 with swelling and weakness. Physical examination of the right knee showed tenderness over the lateral joint line; quadriceps strength of 4/5; and pain with hyperflexion and hyperextension. MRI of the right knee obtained on May 7, 2012 revealed moderated-sized complex or degenerative tear of the anterior horn of the lateral meniscus; postoperative changes and/or granulation tissue; and mild lateral and minimal patellofemoral compartment osteoarthritis. Right knee weight-bearing x-ray with Merchant view done on April 25, 2013 showed moderate-severe loss of lateral compartment and moderate lateral joint osteophyte. The diagnoses were osteoarthritis involving lower leg; enthesopathy of knee; and derangement of lateral meniscus and knee. Pain medications included Ultracet, however this was not well-tolerated based on a progress report dated January 10, 2014. Treatment to date has included tramadol, Voltaren, Ultracet, Voltaren gel, Feldene, Pennsaid 1.5% solution, Norco, Flector patch, Vicodin, physical therapy, ice, home exercises program, chiropractic therapy, knee brace, right knee surgeries, IT band bursa injection, and right knee injections. Utilization review from August 12, 2014 denied the request for Ultracet #120. The documentation provided does not address criteria for opioid use. There was also no clear history that establishes prior use, how the medication was taken, nor the outcome of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultracet QTY 120.00 (RX 04/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Page(s): pages 80 - 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80; 86.

Decision rationale: Chronic Pain Medical Treatment Guidelines state on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Opioid intake may be continued when the patient has returned to work and has improved functioning and pain. The guidelines also recommend dosing not to exceed 120 mg oral morphine equivalents per day. In this case, Ultracet use was noted as far back as January 2014. However, the medical records provided did not reflect continued analgesia and functional improvement from its use. Moreover, a progress report dated January 10, 2014 stated that this medication was not well-tolerated. Likewise, urine drug screens for monitoring of aberrant drug-taking behavior were not done. Current work status of the patient was not mentioned as well. The guidelines require documentation of functional and pain improvement, as well as return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guidelines. As such, the request is not medically necessary.