

Case Number:	CM14-0165138		
Date Assigned:	10/10/2014	Date of Injury:	07/09/2008
Decision Date:	11/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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 American Board Family Practice and is licensed to practice in California. 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:

49 yr. old female claimant sustained a work injury on 7/9/08 involving the knees. She was diagnosed with bilateral, knee pain and meniscal tear. She underwent chondroplasty and partial meniscectomy of both knees. She had persistent Achilles tendon and retrocalcaneal bursitis. Her pain had been managed with MSContin 30 mg TID for several months. A progress note on 9/8/14 indicated the claimant had received a steroid knee injection due to increased knee pain. Exam findings were notable for swelling and tenderness in the medial joint lines of both knees. The ankles were tender over the Achilles areas as well. The claimant was continued on Morphine 30 mg TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids such as MSContin are not 1st line for arthritis or mechanical or compressive etiologies. There was no documentation of

Tylenol failure. The claimant had surgery, knee injections and had been on MSContin for several months. Chronic use of opioids can lead to diminishing benefit and have not been well studied for chronic knee pain. In addition, the amount of MSContin requested above was not specified. The continued use of MSContin is not medically necessary.