

Case Number:	CM14-0173149		
Date Assigned:	10/23/2014	Date of Injury:	08/05/2003
Decision Date:	12/16/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 injured worker is a 47-year-old female who reported an injury on 08/05/2003 due to an unknown mechanism. Diagnoses were carpal tunnel syndrome, right; trochanteric bursitis, bilateral; osteoarthritis of the right knee; and status post total knee replacement, left. Physical examination dated 09/11/2014, revealed complaints of bilateral wrist pain and bilateral knee pain. The patient rated her pain with medication as an 8 on a scale of 1 to 10. The patient rated her pain without medication as a 10 on a scale of 1 to 10. The injured worker did not report any change in location of pain. There were no new problems or side effects. Quality of sleep was poor. She did report her activity level has decreased. The injured worker underwent 2 left knee arthroscopic surgeries on 10/06/2003 and on 02/23/2005. She had a total left knee replacement on 06/14/2007. She also had right shoulder rotator cuff repair in 11/2011. The injured worker has seen a psychiatrist in the past. Examination revealed that the injured worker was morbidly obese. Range of motion of the right knee was restricted and range of motion of the left knee was restricted. There was tenderness to palpation over the lateral joint of the left knee. There was tenderness to palpation over the bilateral joint lines and infrapatellar region on the right knee. Motor strength was slightly decreased on the right upper extremity. Sensory examination was slightly decreased to light touch over the lateral hand on the right side. Medications were Flexeril 10 mg 1 tablet twice a day as needed, Norco 10/325 mg 1 four times a day as needed, Aleve 220 mg, atenolol 100 mg, Lasix 20 mg, Protonix 20 mg, a stool softener 250 mg, and Ambien 10 mg. The injured worker also receives a Duragesic patch from her primary care physician. The injured worker uses a cock-up brace on her right and left wrist while she sleeps. Also, the injured worker was authorized a TENS unit for myofascial pain. The injured worker was also having an unloader knee brace refitted. The injured worker received a 4 wheeled rollator walker with hand brakes, seat, and basket to be used for long distance. The injured

worker's Duragesic patch was 225 mcg/hour every 72 hours, from her primary care physician. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker is reporting her pain an 8/10 on the Visual Analog Scale (VAS) pain scale. Her primary care physician recently started her on a Duragesic patch 225 mcg/hour 1 every 72 hours. The injured worker's pain level has not decreased. The clinical documentation does not report objective functional improvement from this medication. Although the injured worker reports pain relief and limited functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Associated surgical service: Pain management psychological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Psychological Evaluations

Decision rationale: The Official Disability Guidelines (ODG) state that psychological evaluations are recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug delivery systems). Psychological evaluations are generally accepted well established diagnostic procedures not only with selected use in pain problems but also with more widespread use in subacute and chronic pain populations. It was reported in the documentation submitted for review that the injured worker

was approved for 1 visit of pain management with a psychologist in 09/2014. Therefore, this request is not medically necessary.