MAXIMUS Federal Services

Case Number:	CM14-0093843		
Date Assigned:	07/25/2014	Date of Injury:	10/09/2008
Decision Date:	09/03/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 40 year old male injured on 10/09/08 when a trench collapsed on him while installing pipe resulting in right knee and low back pain. Diagnoses included left knee arthroscopy with revision with lateral release, right knee pain with degenerative joint disease with history of arthroscopy, history of low back pain with lumbar degenerative joint disease, industrial onset of depression/anxiety/agitation symptoms, sleep apnea requiring continuous positive airway pressure (CPAP) device, and insomnia due to pain. Clinical note dated 04/14/14 indicated the injured worker presented complaining of throbbing pain in the left knee with inability to stand/kneel/squat for prolonged periods of time. The injured worker rated his pain 8/10 on the visual analog scale with medications and 10/10 without. The injured worker reported 50% functional improvement with medications. The injured worker utilizing twice monthly sessions with psychologist and antidepressant medication to reduce depressive symptoms. Physical examination revealed limited range of motion of the left knee, crepitus in passive range of flexion/extension, stress testing revealed some valgus laxity, excessive laxity with anterior drawer sign, obvious swelling in the knee joint, and McMurray sign negative. Prescriptions for Butrans patch 10mcg/hour weekly, Percocet 10-325mg four times daily, as needed, Cymbalta 60mg every evening, and Ambien 10mg every evening were provided. The initial request for Butrans 10mg and Percocet 10-325mg was non-certified on 05/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10 mg.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Butrans 10 mg is recommended as medically necessary at this time.

Percocet 10/325 mg.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Percocet 10/325 mg is recommended as medically necessary at this time.