

Case Number:	CM15-0015067		
Date Assigned:	02/03/2015	Date of Injury:	02/06/2008
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: Massachusetts

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:

This 46-year-old female sustained a work-related right knee injury on 2/6/2008. According to the progress notes dated 11/14/2014, the injured worker's (IW) diagnoses are internal derangement of the right knee and chronic pain syndrome. She walks with a walker and reports she fell recently, landing on her right side. Previous treatment includes medications, heat and cold application, TENS, surgery and cortisone and Hyalgan injections. The treating provider requests Percocet #120, Zoloft 50mg #30, Terocin patches #30 and MS Contin 20mg #60. The Utilization Review on 1/7/2015 non-certified Percocet 10/325 #120, Zoloft 50mg #30, Terocin patches #30 and MS Contin 20mg #60, citing California MTUS Chronic Pain Medical Treatment guidelines and Official Disability Guidelines-Mental Illness and Stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 5 years status post work related injury and continues to be treated for chronic pain. Treatments have included two arthroscopic knee surgeries and she has findings of advanced degenerative joint disease of the knee. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking due to lumbar degenerative disc disease. Percocet (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.

Zoloft 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Sertraline (Zoloft)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder) (2) Mental Illness & Stress, Sertraline (Zoloft)

Decision rationale: The claimant is more than 5 years status post work related injury and continues to be treated for chronic pain. Treatments have included two arthroscopic knee surgeries and she has findings of advanced degenerative joint disease of the knee. The documented past medical history is that of poorly controlled hypertension. Antidepressant medication is recommended for the treatment of major depressive disorder. Zoloft is recommended as a first-line treatment option. In this case, there is no diagnosis of major depressive disorder and therefore Zoloft was not medically necessary.

Terocin Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Lidoderm (lidocaine patch). p56-57 (3) Topical Anal.

Decision rationale: The claimant is more than 5 years status post work related injury and continues to be treated for chronic pain. Treatments have included two arthroscopic knee

surgeries and she has findings of advanced degenerative joint disease of the knee. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Therefore the prescribing of Terocin in a patch form was not medically necessary.

MS Contin 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 5 years status post work related injury and continues to be treated for chronic pain. Treatments have included two arthroscopic knee surgeries and she has findings of advanced degenerative joint disease of the knee. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MSContin is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of MSContin was medically necessary.