

Case Number:	CM15-0068465		
Date Assigned:	04/17/2015	Date of Injury:	11/23/2013
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female who sustained an industrial injury on 11/23/13. The injured worker reported symptoms in the left knee. The injured worker was diagnosed as having left knee meniscus tear, left knee synovitis, left knee effusion, patellar subluxation, chronic pain syndrome, left knee pain and myalgia. Treatments to date have included ice, non-steroidal anti-inflammatory drugs, proton pump inhibitor, oral pain medication, home exercise program, and physical therapy. Currently, the injured worker complains of left knee pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 2.5 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with left knee pain. The pain is described as aching and stabbing and at times she has difficulty walking. The pain is rated 10/10 and decreases to a 7/10 with medication. The request is for PERCOCET 2.5MG QTY 60. The provided RFA is dated 12/11/14 and the patient's date of injury is 11/23/13. Diagnoses include left knee meniscus tear, left knee synovitis, left knee effusion, patellar subluxation, chronic pain syndrome, left knee pain and myalgia. Per 03/05/15 report, treater states, "The patient's pain is better with medication, rest, elevation and ice. The pain is worse with bending, lifting, walking and standing." Current medications include Percocet, Prilosec, and Naproxen. The patient is working on full duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patients likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Percocet was prescribed to the patient for "moderate to severe pain" and to replace Norco because of GI issues, per treater reports dated 02/05/15 and 03/05/15. The patient is prescribed Percocet 2.5 mg for moderate to severe pain during the day and 10mg to be taken for pain during the evening and night, as needed. The use of opiates require detailed documentation regarding pain and function per MTUS. Per 03/05/15 report, treater states, "The patient continues to feel medications help control the pain and increase function. The patient can perform increased ADL's and denies side effects. There is no aberrant behavior." In this case, the medication has allowed the patient to return to working full duty and decreases the pain from a 10/10 to a 7/10, allowing her to walk without difficulty due to pain. UDS performed on 02/05/15 is consistent with medication regimen as well as the CURES report on file. MTUS requires appropriate discussion of the 4A's. Although, treater did not provide specific examples of ADL's, the patient is able to work full duty on the medication. The request appears within guidelines and therefore, IS medically necessary.

Percocet 10 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with left knee pain. The pain is described as aching and stabbing and at times she has difficulty walking. The pain is rated 10/10 and decreases to a 7/10 with medication. The request is for PERCOCET 10MG QTY 60. The provided RFA is dated 12/11/14 and the patient's date of injury is 11/23/13. Diagnoses include left knee meniscus tear, left knee synovitis, left knee effusion, patellar subluxation, chronic pain syndrome, left knee pain and myalgia. Per 03/05/15 report, treater states, "The patient's pain is better with medication, rest, elevation and ice. The pain is worse with bending, lifting, walking and standing." Current

medications include Percocet, Prilosec, and Naproxen. The patient is working on full duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Percocet was prescribed to the patient for "moderate to severe pain" and to replace Norco because of GI issues, per treater reports dated 02/05/15 and 03/05/15. The patient is prescribed Percocet 2.5 mg for moderate to severe pain during the day and 10mg to be taken for pain during the evening and night, as needed. The use of opiates require detailed documentation regarding pain and function per MTUS. Per 03/05/15 report, treater states, "The patient continues to feel medications help control the pain and increase function. The patient can perform increased ADL's and denies side effects. There is no aberrant behavior." In this case, the medication has allowed the patient to return to working full duty and decreases the pain from a 10/10 to a 7/10, allowing her to walk without difficulty due to pain. UDS performed on 02/05/15 is consistent with medication regimen as well as the CURES report on file. MTUS requires appropriate discussion of the 4A's. Although, treater did not provide specific examples of ADL's, the patient is able to work full duty on the medication. The request appears within guidelines and therefore, IS medically necessary.

Prilosec 20 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with left knee pain. The pain is described as aching and stabbing and at times she has difficulty walking. The pain is rated 10/10 and decreases to a 7/10 with medication. The request is for Prilosec 20mg QTY 60. The provided RFA is dated 12/11/14 and the patient's date of injury is 11/23/13. Diagnoses include left knee meniscus tear, left knee synovitis, left knee effusion, patellar subluxation, chronic pain syndrome, left knee pain and myalgia. Per 03/05/15 report, treater states, "The patient's pain is better with medication, rest, elevation and ice. The pain is worse with bending, lifting, walking and standing." Current medications include Percocet, Prilosec, and Naproxen. The patient is working on full duty. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Prilosec was included in

patient's medications per treater reports 02/05/15 and 03/05/15. Per 03/05/15 report, treater states, "We dispensed Omeprazole for GERD associated with NSAID's to reduce the risk of GI risks and side effects." MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Given the patient's diagnosis and NSAID use, the request appears within guidelines and therefore, IS medically necessary.