

Case Number:	CM15-0129368		
Date Assigned:	07/21/2015	Date of Injury:	01/24/2013
Decision Date:	10/06/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/03/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 43 year old female who sustained an industrial injury on 1-24-13. Diagnoses are status post right ankle, lateral ligament reconstruction with allograft 11-22-14 and status post arthroscopic of left knee 2013. In a progress report dated 3-27-15, the treating physician notes complaints of slight discomfort to her right ankle and pain to the left knee and stiffness. There is tenderness to palpation of the right ankle with redness and swelling at the lateral aspect of the right ankle. Range of motion of the right ankle dorsiflexion is 10 degrees and plantar flexion is 10 degrees. Left knee range of motion on extension is 180 degrees and flexion is 80 degrees. McMurray's test is positive and there is medial joint line tenderness. Chondromalacia patellar compression test is positive. The treatment plan is to continue physical therapy, MRI of the left knee, and refill medications. The injured worker has been tested for medication compliance in the system today and a sample will be sent to the lab. The requested treatment is Oxycontin 20mg #60, Percocet 10-325mg #120, Ultram 50mg #120, Restoril 30mg #45, Trazodone 50mg #30, Albuterol inhaler #2, Soma 350mg #90, and physical therapy x 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to guidelines, ongoing use of opioids should be based on documentation of their efficacy and improvement in function as well as monitoring urine drug screens and opioid contracts that address patient compliance. In this case, there is no evidence of the objective outcome of this opioid agent including changes in score level and function. The request for Oxycontin 20 mg #60 is not medically necessary and appropriate.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to guidelines, ongoing use of opioids should be based on documentation of their efficacy and improvement in function as well as monitoring urine drug screens and opioid contracts that address patient compliance. In this case, there is no evidence of the objective outcome of this opioid agent including changes in score level and function. The request for Percocet 10/325 mg #120 is not medically necessary and appropriate.

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to guidelines, ongoing use of opioids should be based on documentation of their efficacy and improvement in function as well as monitoring urine drug screens and opioid contracts that address patient compliance. In this case, there is no evidence of the objective outcome of this opioid agent including changes in score level and function. The request for Ultram 50 mg #45 is not medically necessary and appropriate.

Restoril 30mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. In this case, the medication is being prescribed for long term use. Therefore, the request for Restoril 30 mg #45 is not medically necessary and appropriate.

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 4/30/15) Online Version, Insomnia Treatment.

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

Decision rationale: Guidelines indicate that sedating antidepressants may be used to treat insomnia in patients with coexisting depression. In this case, there is no evidence of coexisting depression to substantiate the need for Trazodone. The request for Trazodone 50 mg #30 is not medically necessary and appropriate.

Albuterol Inhaler #2: 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), Pulmonary (updated 5/27/15), Online Version, Albuterol.

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

Decision rationale: Guidelines recommend inhaled short acting beta 2 agonists as a first line choice for asthma. IN this case, there is no evidence of any specific pulmonary issues such as bronchitis or asthma to substantiate the necessity for this medication. The request for Albuterol Inhaler #2 is not medically necessary and appropriate.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines state that muscle relaxants are intended for acute and subacute spasm for short term use. In this case, this medication is being prescribed for chronic conditions with date of injury being in 2013. The request for Soma 350 mg #90 is not medically necessary and appropriate.

Physical Therapy x 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines limit the amount of physical therapy provided. In this case, there is no evidence of the scope, nature and outcome of prior physical therapy to warrant additional therapy. The request for physical therapy x 18 to the right ankle and left knee is not medically necessary and appropriate.