

Case Number:	CM13-0004315		
Date Assigned:	12/11/2013	Date of Injury:	01/14/1998
Decision Date:	01/30/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain management, has a subspecialty in Disability Evaluation 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 physician 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 claimant is a 68-years old male with of history left knee injury on 1/19/1998, while working as a police officer in the [REDACTED]. The exact mechanism of the injury was not reported in the medical record reviewed. He is a two-time status post left total knee arthroplasty. He had had a number of knee surgeries dating back to early 1980s, including subtotal meniscectomy in 1984. He later developed a progressive post-traumatic arthritis and underwent a left total knee arthroplasty on March 10, 2006. This resulted in marked stiffness of the left knee joint. He then underwent a revision total knee arthroplasty several months later with exchange of tibial polyethylene and apparently revision of the femoral component. Despite all these surgeries, his knee joint continue to be stiff, and he has been experiencing pain. In a letter dated August 23, 2013 from his physician, "I am writing in response to the denial to have the claimants increase his OxyContin from 20 mg three times daily up to 30 mg three times daily for his chronic left knee pain. After the increase in his OxyContin dose, the claimant experienced a 25 to 50 percent decrease in his typical left knee pain, which is a substantial improvement. Furthermore, his level of functioning improved such that he was able to tolerate doing more around the house, both inside and out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for a prescription of 90 Oxycontin 30mg between 7/12/2013 and 10/16/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-76, 93.

Decision rationale: CA-MTUS (Effective July 18, 2009) page 74 to 76 and 93 section on Opioids, states that pure opioid agonist such as MS Contin does not have a ceiling effect for their analgesic efficacy nor do they antagonize (reverse) the effects of other pure opioids. Therefore the a prospective request for 90 Oxycontin 30mg (Express Scripts) between 7/12/2013 and 10/16/2013 is medically necessary since the patient reported a functional improvement while on this medication.