

Case Number:	CM13-0005189		
Date Assigned:	11/08/2013	Date of Injury:	04/09/2012
Decision Date:	05/12/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	07/31/2013

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 Internal 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 patient is a 37-year-old male with an April 9, 2012 date of injury and is status post a right knee arthroscopy on June 3, 2013. At the time (7/10/13) of request for authorization for one (1) functional restoration program evaluation and Oxycodone 10mg, there is documentation of subjective (chronic right knee pain rated as a 9 out of 10 and difficulty performing activities of daily living) and objective (patient ambulates with a cane, positive right knee Apley's test, decreased right knee strength, local right knee tenderness and swelling, and limping on ambulation) findings, current diagnoses (right knee internal derangement), and treatment to date (right knee arthroscopy, Oxycodone since at least 4/29/13 with pain control, and physical therapy). In addition, a July 10, 2013 medical report identifies a pending formal response from orthopedic surgery regarding whether the patient is a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, (Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), Page(s): 31-32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of a diagnosis of right knee internal derangement. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful (physical therapy and medications); the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient exhibits motivation to change. However, given documentation identifying a pending formal response from orthopedic surgery regarding whether the patient is a surgical candidate, there is no (clear) documentation of an absence of other options likely to result in significant clinical improvement; and the patient is not a candidate where surgery or other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for one (1) functional restoration program evaluation is not medically necessary.

OXYCODONE 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80, 92.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that documentation of moderate to severe pain, when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycodone. In addition, the Chronic Pain Medical Treatment Guidelines states that the prescriptions must be from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycodone. Any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of right knee internal derangement. In addition, there is documentation of moderate to severe pain. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, despite documentation of ongoing treatment with Oxycodone since at least April 29, 2013 with pain relief, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Oxycodone. Therefore, based on

guidelines and a review of the evidence, the request for Oxycodone 10mg is not medically necessary.