

Case Number:	CM13-0022426		
Date Assigned:	03/19/2014	Date of Injury:	10/25/2011
Decision Date:	05/07/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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 Orthopedic surgery 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:

This patient is a 62-year-old gentleman who, on October 25, 2011, sustained a work-related injury to the bilateral ankles and knees, and right elbow. Clinical records available for review include an August 2, 2013, progress report, documenting continued complaints of bilateral knee and ankle pain, as well as right elbow pain. The note states that the patient was status post a left ankle medial malleolar open reduction internal fixation and right knee arthroscopy. Postoperatively, he continues to be treated for osteoarthritic change using corticosteroid and viscosupplementation injections. There is also indication that the claimant underwent a prior left total knee replacement. An October 16, 2013, follow-up note documented continued complaints of pain, in which the claimant reported no significant benefit from his current medication regimen. His diagnoses were listed as low back pain, lateral elbow pain, meniscal tearing, right knee arthritis, status post left knee replacement, and treatment of ankle fracture. The recommendation was made for a corticosteroid injection to the right knee and OxyContin for long-term pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OXYCONTIN; OPIOIDS Page(s): 92, 76-80.

Decision rationale: California MTUS Chronic Pain Guidelines do not support ongoing narcotic management in this case. Clinical records provided for review demonstrate no significant benefit with use of long-term or short-term narcotic agents. The claimant's current diagnoses and a lack of documentation of symptomatic flare or substantial benefit with previous use of the above-mentioned agent would fail to support the continued use of OxyContin. Thus, the therapy would not be medically necessary.