

Case Number:	CM13-0041423		
Date Assigned:	02/28/2014	Date of Injury:	09/08/2004
Decision Date:	06/27/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

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 Occupational Health 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 is a 58 year-old male who reported left knee pain, back pain, and mental illness after an injury on 09/08/2004. The diagnoses have included a tibial plateau fracture, knee sprain, and osteoarthritis. Treatment has included an initial open reduction internal fixation in 2004, a revision surgery in 2004, hardware removal in 2005, a total knee replacement in 2006, and an incision and drainage with a revision of left knee arthroplasty in 2008. Subsequently the injured worker has attended a functional restoration program. Medications have included chronic Oxycodone 30 mg, Flector patch, Nabumetone, Lyrica, Mobic, Cymbalta, Zoloft, Tiger balm, Etodolac, Voltaren Gel, and Celebrex. Opioids including oxycodone have been prescribed for many years. The AME in 2010 and other physicians have reported major functional limitations and high levels of pain. The AME did not specifically discuss the use of opioids in the context of the MTUS recommendations. The psychiatric QME in 2011 described a functional ability consisting of doing yard work for one half hour per day, followed by staying off his leg the rest of the day and watching TV. Per the primary treating physician reports from March to October of 2013, there is ongoing pain requiring the use of daily oxocodone. The oxycodone allows for doing an unspecified quantity of yard work and walking one block. He has difficulty washing his dog. There are signs of left peroneal neuropathy about the knee with foot drop; mild low back pain with left-sided thigh numbness and tingling; multilevel lumbar disc degeneration/spondylosis with grade I spondylolisthesis L5-S1; and probable left-sided lumbar radiculopathy. The treatment plans included oxycodone IR 30 mg three times a day. Per the primary treating physician report of 10/10/13, there was ongoing knee pain. The injured worker is requesting oxycodone sooner than usual due to a prior partial certification. The injured worker is stated to be able to do yard work more easily on opioids. Many medications have failed to date. Opioids are stated to be beneficial. On 9/26/13, Utilization Review non-certified a full

prescription for oxycodone, noting a lack of a treatment plan consistent with the MTUS recommendations for opioids. This Utilization Review decision was appealed for Independent Medical Review. #195;

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30MG, THREE TIMES A DAY, #90/30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 76-80

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The medical records reflect opioid prescribing for years with no significant functional improvement. The described level of function is so minimal as to be good evidence of opioid failure. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria per guidelines. There is no work status in the primary treating physician reports. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, oxycodone is not medically necessary.