

Case Number:	CM13-0051187		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2001
Decision Date:	04/29/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/14/2013

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 Virginia, and Washington, DC. 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 57 year old male who was suffering from bilateral knee pain following an injury on July 21, 2001. He was seen on February 5, 2013 by [REDACTED] for knee pain and was prescribed Oxycontin 80mg, 1 three times a day; neurontin 400mg, 1 four times a day, roxicodone 30mg, 1 three times a day; cymbalta 60mg, 1 daily; amitryptaline 100mg, 1 at bedtime; and tizanidine 4 three times a day as needed. He was seen on April 2, 2013, May 28, 2013, July 23, 2013, and September 17, 2013 by [REDACTED] for knee pain and was prescribed the same medications. He was seen on November 12, 2013 and November 26, 2013 by [REDACTED]. Medications at that time were klonopin 1mg, 1 twice a day as needed; clonidine 0.1mg, 1 twice a day as needed; MS Contin 200mg, 1 three times a day; neurontin 400mg, 1 four times a day; phenergan 25mg as needed; cymbalta 60mg, 1 daily; amitryptaline 100mg, 1 at bedtime; and tizanidine 4 three times a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROXICODONE 30MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 88, 94-95 & 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

Decision rationale: Roxycodone tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are not intended for use as an 'as needed' analgesic. In opioid naive patients the starting dose is 10mg every 12 hours. Doses should be tailored for each individual patient, factoring in medical condition, the patient's prior opioid exposure, and other analgesics the patient may be taking. Narcotics are recommended for short term duration in order to minimize risk associated with tolerance and addiction potentiation. The patient did not demonstrate an improvement in symptoms while on this medication. Therefore, it is not medically indicated and the request is noncertified.