

<b>Case Number:</b>	CM13-0051211		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2001
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, 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 with a date of injury of July 27, 2001. Mechanism of injury was a slip on a ladder, causing a twisting of his knee, then subsequent fall to the floor. The patient has had multiple right knee surgeries, including multiple meniscectomy procedures and an ACL repair. He has been on steroids, and has had injections, including viscosupplementation. He has not had knee replacement surgery. The patient has chronic knee pain despite extensive conservative and surgical care for the knee, and is now under the care of a PM&R/Pain specialist. He is now opioid dependent, and is on a MED of 675 mg (Guidelines recommend no more than 120 mg MED). He has been "forced" to wean due to prior opioid denials in the past, and this did result in a withdrawal syndrome. There have been previous inconsistent Urine Drug Screens. The patient is Permanent and Stationary and is not working. This request for Oxycontin was submitted to Utilization Review on October 1, 2013, and the request was not recommended for certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 40MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support use of chronic opioid pain medications for non-malignant pain. Long-term efficacy of greater than 16 weeks is unclear. It does appear that this patient is monitored via UDS and a pain contract is in place. This patient has now been on opioid pain meds for years. He is P & S and no longer works, illustrating a lack of clinically significant functional benefit. This patient has reportedly had trouble weaning. He is also noted to have inconsistent Urine Drug Screens. Finally his MED is at 675 mg (Guidelines recommend no more than 120 mg MED). Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported.