

Case Number:	CM13-0060163		
Date Assigned:	12/30/2013	Date of Injury:	01/02/1976
Decision Date:	03/28/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 case involves a 70-year-old male who was injured on 1/2/1976. He has been diagnosed with bilateral knee osteoarthritis, status post bilateral total knee arthroplasty (TKA). He is under pain management with [REDACTED]. On 8/8/13, [REDACTED] noted that the patient had benefited from Dilaudid, but he wanted to place him on a long acting medication to minimize the need for breakthrough medications. He recommended stopping the Butrans patch and start Oxycontin. The Utilization Review (UR) denied the request because there was the strength; the dosing and quantity of Oxycontin were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86-87.

Decision rationale: The patient presented with chronic bilateral knee pain. On 8/8/13, the pain management physician wanted to minimize the patient's need for breakthrough pain medications.

He recommended discontinuing the Butrans patch and recommended Oxycontin. Unfortunately, he did not provide a complete prescription. I have not been provided any medical reports in response to, or after the 11/20/13 Utilization Review (UR) denial. The 11/4/13 report from [REDACTED] does not mention Oxycontin. The dosage, strength, and quantity of the Oxycontin are still unknown for this Independent Medical Review (IMR). The Chronic Pain Guidelines provides limits on opioid dosing in morphine equivalents, recommending not to exceed 120mg MED. Without knowing the strength, and dosage, the incomplete prescription for Oxycontin cannot be verified to be in accordance with the guidelines.