

<b>Case Number:</b>	CM13-0061572		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/22/1996
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Pain Medicine 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:

The patient is a 63 year old male who was injured on 07/22/1996 when he slipped. The patient was diagnosed with degenerative joint disease of the knee and lumbar disc degeneration. Prior treatment history has included physical therapy for left knee. The patient underwent a left total knee arthroplasty on 10/23/2013. PR-2 note dated 09/12/2013 indicated the patient's pain management needs were increasing as his knee continued to deteriorate; random urinary drug screen was drawn and was found to be preliminary clear. Treatment plan consisted of Mobic, Oxycodone 30 mg, 7 days for pain; MiraLax; Wellbutrin; Topamax; Reglan; and exercises. PR-2 note dated 10/11/2013 indicated the patient had continued, left greater than right, knee pain; getting some control with medications that were being well tolerated. His treatment plan at that time was to discontinue the Mobic for his upcoming surgery and continue with Oxycodone, MiraLax, Wellbutrin, Reglan, Topamax, and exercises. PR-2 note dated 10/18/2013 documented the patient to have complaints that he was worse without his Mobic medication. He stopped due to upcoming surgical intervention to replace his knee. He was tolerating his residual meds with good effects. PR-2 note dated 11/20/2013 documented the patient was healing well with physical therapy and significant residual swelling with heat to the joint. He was in more pain than normal, recovering from surgery and ambulating differently with the use of a cane for support. Objective findings on exam revealed moderate left knee swelling with slight redness and heat along with a healing incision. He had decent EHL strength. Daily progress note dated 11/22/2013 indicated the patient reported a 20% improvement since initiating the physical therapy. He reported increased range of motion, strength, functional capacity, and decreased pain and was no longer using an AD in house and a cane in the community. He reported increased pain in his right knee and lumbar spine; pain rating was 2-3. PR-2 note dated 11/25/2013 documented the patient to have complaints of left knee pain status post left total knee

arthroplasty, left calf strain, and lumbar spine pain since the surgery. Objective findings on exam revealed the patient ambulated with a cane in the right hand; left knee range of motion 5 to 118; back lumbar spine became flared up since the left total knee arthroplasty and had an awkward gait; tenderness to palpation L3-4, L4-5.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone 30mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-83.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Oxycodone is "recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain." Based on the medical records provided for review there is no documentation evidencing the failure of non-pharmacologic treatment or other medication options. Progress note dated 11/22/2013 reports the patient had a 20% improvement since initiating physical therapy. He reported increased range of motion, strength, functional capacity, and decreased pain and was no longer using an AD in house and a cane in the community. Furthermore, the documentation provided does not document other medications the patient has taken and failed. The guides state weak opioids should be considered at initiation of treatment and stronger opioids (including Oxycodone) should be reserved for patients with severe pain under exceptional circumstances. This has not been seen in the records provided. The request for Oxycodone 30mg # 240 is not medically necessary and appropriate.