

Case Number:	CM13-0063024		
Date Assigned:	12/30/2013	Date of Injury:	01/14/1998
Decision Date:	05/20/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational 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 68-year-old male who was injured on 01/14/1998. The mechanism of injury is unknown. Prior treatment history has included several knee surgeries (including TKA), PT and prescription medication (OxyContin). Urine drug screen dated 02/20/2014 detected positive results for prescribed medications and the patient was taking medications as prescribed. Rehabilitation note dated 11/22/2013 indicated the patient had complaints of left knee pain. His pain was typically well managed with the use of OxyContin 30 mg 3 times daily. He had been on OxyContin 20 mg 3 times daily but experienced a decreased in his pain with the increase to his current dose. He did not have any side effects whatsoever apart from constipation. His constipation was well managed with the use of 4 tablets of Senna per day. The pain was located at the left knee without radiation. He walked on a treadmill at a very low speed usually only 2 miles per hour. His pain level can be as low as 1-3/10 but can increase to 9/10 on occasion. He reported his pain decreases with rest and increases with more activity. The patient has never had cravings for the OxyContin. There was no evidence of sedation or confusion. He could nearly fully extend at the left knee, but he could seemingly flex only about 10 degrees. Usually, he had a remarkable loss of range of motion at the left knee. There was normal strength and sensation throughout the right lower extremity. There was normal motion at the right knee. There was some scattered numbness around the left knee. The patient was diagnosed with chronic left knee pain. The patient was instructed to continue OxyContin 30 mg 3 times daily; continue Senna at 4 tablets per day to manage opioids induced constipation. The long-term plan will be to have the patient undergo urine drug screens once every 6 months. The patient was recently given a refill of his OxyContin. The patient was instructed to follow-up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION WHEN TO CONTINUE OPIOIDS; OXYCONTINÂ® BOXED WARNING..

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

Decision rationale: The California MTUS guidelines recommend continuing the use of opioids if the patient has returned to work with improved functioning and pain. For on-going maintenance the guidelines indicate that the lowest possible dose should be prescribed to improve pain and functioning. The records indicate the employee switched from 20 mg (documented on 04/10/2013) OxyContin with an average pain rating of 3/10, which could go as high as 9/10 then increased the dosage to 30 mg with a 1-3/10 pain level that can increase to 9/10. Further, the guidelines for dosing (Morphine Equivalent Dose) indicate that rarely, and only after a pain management consultation, should the daily dose be increased above 120 mg oral morphine equivalent. The employee is currently taking 135 mg equivalent with the prescribed 30 mg pills three times per day. Based on the guidelines referenced and the documentation provided, the medical necessity has not been established.