

Case Number:	CM13-0068234		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2012
Decision Date:	05/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 39 year old female with date of injury 5/18/12. The mechanism of injury is reported as twisting of the right knee while trying to catch a dog. The patient has complained of chronic right knee pain since the date of injury. She has been treated with a knee arthroscopy, physical therapy and medications. MRI of the right knee performed 06/2012 revealed an effusion and mild degenerative joint disease. Objective: mildly antalgic gait, decreased range of motion of the right knee. Diagnoses: lower extremity knee joint pain. Treatment plan and request: Oxycodone/Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OXYCODONE HCL-ACETAMINOPHEN 10/325MG, #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-85, 88-89.

Decision rationale: This patient has complained of chronic knee pain since date of injury 5/18/12. She has been treated with a knee arthroscopy, physical therapy and medications to include oxycodone/acetaminophen which she has been taking for at least several months

duration. No treating physician report adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone/Acetaminophen is not indicated as medically necessary.