

Case Number:	CM14-0000179		
Date Assigned:	01/10/2014	Date of Injury:	04/01/2010
Decision Date:	05/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 28-year-old patient sustained an injury to the knees from a slip and fall on 4/1/10 while employed by [REDACTED]. The request under consideration include retrospective oxycodone 10/325mg 1 tablet by mouth twice a day, #60 dispensed on 11/20/13. Reviews indicated recent addition of Oxycodone and later Morphine Sulfate for the treatment of chronic pain complaints. Report 10/23/13 from the provider noted the patient was given Oxycodone for pain control. Exam of the knees showed joint line tenderness and decreased range of motion limited by pain complaints. Follow-up visit of 11/20/13 reported the patient presented to the emergency room on 11/11/13 for complaints of pain. Morphine was added to the pain treatment regimen. The request for retrospective Oxycodone was modified on 12/12/13 from quantity of #60 to #30 for weaning citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE OXYCODONE 10/325 MG 1 TABLET BY MOUTH TWICE A DAY #60 DISPENSED ON 11/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Oxycodone/acetaminophen (Percocet). .

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

Decision rationale: Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. In this case, the submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The retrospective oxycodone 10/325mg 1 tablet by mouth twice a day, #60 dispensed on 11/20/13 is not medically necessary and appropriate.