

Case Number:	CM14-0002854		
Date Assigned:	01/29/2014	Date of Injury:	07/20/2009
Decision Date:	07/14/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 injured worker who is a 54-year-old male who reported an injury on 07/20/2009 due to an industrial injury while at work. The injured worker complained of left knee pain. The injured worker on 09/08/2009 had a left knee arthroscopy, partial medial meniscetomy and chondral shaving. On 10/06/2009 the injured worker had received post-operative physical therapy 3 times a week for 4 weeks for a total of 6 visits to the left knee. On 04/20/2010 the injured worker underwent a MRI that revealed a small recurrent apical tear within the posterior horn, medial meniscus remnant and minimal patellofemoral chondromalacia. The injured worker diagnoses included left knee oblique horizontal tear of the posterior horn of the medial meniscus, moderate joint effusion, small popliteal bursal effusion, patellar tendinosis with residual deformity at osseous attachment and partial avulsion fracture of the anterior tibial tubercle without active inflammation. The treatment plan included for a decision for Oxycodone/APAP 5/325mg # 120. The injured worker medication included Oxycodone/APAP 5/325mg and Ibuprofen. There was no medical records or authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE/APAP 5/325MG QUANTITY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78-80.

Decision rationale: The request for Oxycodone/APAP 5/325mg #120 is non-certified. Chronic Treatment Guidelines (MTUS) recommend continued use of an opiate for the treatment of moderate to severe pain, with documented objective evidence of functional benefit. The guidelines states that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also states that the pain assessment should include; current pain level; the last reported pain over the period since last assessment; average pain; intensity of pain after taking opioids; how long it takes for the pain relief; and how long pain relief lasts. The guidelines also state the four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors.