

Case Number:	CM14-0101518		
Date Assigned:	09/12/2014	Date of Injury:	07/02/2010
Decision Date:	10/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 42-year-old female who has submitted a claim for left knee osteoarthritis status post left total knee replacement (05/05/2014) associated with an industrial injury date of 07/02/2010. Medical records from 01/17/2014 to 06/04/2014 were reviewed and showed that patient complained of postoperative left knee pain graded 10/10. Physical examination revealed clean left knee anterior incision with no surrounding erythema or purulent discharge, left knee rom (range of motion) of 5 degrees extension to 8 degrees of flexion, and left knee flexors and extensors MMT grade of 4-/5. X-ray of the left knee dated 05/05/2014 revealed status post left total knee replacement. Treatment to date has included left total knee replacement (05/05/2014), percocet (prescribed 05/06/2014), Oxycontin 10mg (quantity not specified: prescribed since 05/08/2014), and aspirin. There was no submitted documentation of functional outcome from pain medications as well as recent urine toxicology review. Utilization review dated 06/04/2014 denied the request for Oxycontin 10mg #60 because there was lack of documentation of measurable efficacy with oxycontin use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 325mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Oxycontin 10mg (quantity not specified) since 05/08/2014. However, the long-term use of opiates is not in conjunction with guidelines recommendation without documentation of functional improvement, pain relief, and urine toxicology review. The medical necessity cannot be established due to insufficient information submitted with the medical records. Therefore, the request for Oxycontin 325mg #30 is not medically necessary.