

Case Number:	CM14-0110771		
Date Assigned:	09/16/2014	Date of Injury:	09/02/2003
Decision Date:	10/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/16/2014

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 and Rehabilitation, has a subspecialty in Pain 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 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 records, presented for review, indicate that this 65-year-old gentleman was reportedly injured on September 2, 2003. The most recent progress note, dated July 24, 2014, indicated that there were ongoing complaints of right sided knee pain. The physical examination demonstrated a right knee effusion with 90 mL of fluid aspirated. There were tenderness along the medial joint line and range of motion from 3 to 110. Diagnostic imaging studies of the right knee indicated medial compartment joint space narrowing with medial and lateral osteophytes and patellofemoral degenerative changes. Previous treatment included knee injections and oral pain medications. A request had been made for oxycodone 30 mg and OxyContin 30 mg and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: The California MTUS Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A review of the medical records indicates that the injured employee has 40% pain relief of low back pain and 10% pain relief of right knee pain with current medications. There is no documentation, however, regarding the increased ability to function or perform activities of daily living. Considering this, this request for oxycodone 30 mg is not medically necessary.

OXYCONTIN 30MG #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

Decision rationale: According to the progress note dated July 2, 2014, it was stated that the injured employee had no significant benefit with the usage of OxyContin 30 mg. Considering this, the request for OxyContin 30 mg is not medically necessary.