

Case Number:	CM14-0124151		
Date Assigned:	08/08/2014	Date of Injury:	07/22/1997
Decision Date:	09/25/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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 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:

According to the records made available for review, this is a 46-year-old male with a 7/22/97 date of injury, status post right knee arthroscopy partial lateral meniscectomy, chondroplasty of patellofemoral joint, three compartment synovectomy and debridement 6/18/04, status post right knee arthroscopy, partial lateral meniscectomy, microfracture abrasion, arthroplasty of lateral femoral condyle and synovectomy 4/17/08, status post right knee arthroscopy posterior cruciate ligament reconstruction and lateral meniscectomy 9/9/08, and status post right knee arthroscopy, microfracture abrasion arthroplasty lateral femoral condyle, partial lateral meniscectomy and extensive synovectomy 9/3/09. At the time (7/10/14) of the Decision for Oxycontin 30mg Tid #90, there is documentation of subjective (low back pain rated 9/10 without medication and 4/10 with medications, pain described as sharp, burning, and aching, pain constant and increased by being active, alleviated with medication and rest) and objective (steady gait and no bony or joint abnormalities) findings, current diagnoses (lumbosacral spondylosis, unspecified thoracic or lumbar neuritis or radiculitis, lumbalgia, and postlaminectomy syndrome of the lumbar region), and treatment to date includes medications (Oxycontin with other medications that allow him to maintain daily function). There is no documentation that continuous, around-the-clock analgesic is needed for an extended period of time, that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30MG TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, California (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. California (MTUS)-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, unspecified thoracic or lumbar neuritis or radiculitis, lumbalgia, and postlaminectomy syndrome of the lumbar region. In addition, there is documentation of moderate to severe pain. Furthermore, given documentation of ongoing treatment with Oxycontin and medications allowing him to maintain daily function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Oxycontin use to date. However, there is no documentation that continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 30mg Tid #90 is not medically necessary.