

Case Number:	CM14-0131097		
Date Assigned:	08/22/2014	Date of Injury:	12/04/1997
Decision Date:	09/30/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/15/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 is a 61-year-old male with a reported date of injury on 12/01/1997. The mechanism of injury was noted to be due to cumulative trauma. His diagnoses were noted to include bilateral knee degenerative joint disease. Previous treatments were noted to include surgery, physical therapy, Orthovisc injections, and medications. The progress note dated 06/06/2014 revealed complaints of knee pain, right greater than left. The physical examination revealed healed surgical scars to the bilateral knees with 1+ effusion on the right side. There was lateral joint line tenderness on the right with retropatellar tenderness on the left. There was decreased range of motion to the right leg, with intact sensation. The provider indicated the injured worker was not utilizing medications. The Request for Authorization form was not submitted within the medical records. The request was for OxyContin 10 mg #20 and Oxycodone 10 mg #60. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

Decision rationale: The injured worker is not utilizing pain medications. The California Chronic Pain Medical Treatment Guidelines recommend for initiating opioid therapy to start with a short acting opioid, trying 1 medication at a time. The guidelines state for continuous pain, extended release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioids can be a guide to determine the sustained release dose required. The guidelines recommend to only change 1 drug at a time, and that prophylactic treatment of constipation should be initiated. The guidelines state if partial analgesia is not obtained, opioids should be discontinued. There is a lack of documentation regarding the injured worker's need for pain medications, as the documentation provided indicated the injured worker was not utilizing any type of pain medication. The documentation indicated they were awaiting authorization for a total knee arthroplasty. However, there is a lack of documentation regarding the surgery being authorized. There is a lack of documentation regarding significant pain on a numerical scale. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Oxycodone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

Decision rationale: The injured worker is not utilizing pain medications. The California Chronic Pain Medical Treatment Guidelines recommend for initiating opioid therapy to start with a short acting opioid, trying 1 medication at a time. The guidelines state for continuous pain, extended release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioids can be a guide to determine the sustained release dose required. The guidelines recommend to only change 1 drug at a time, and that prophylactic treatment of constipation should be initiated. The guidelines state if partial analgesia is not obtained, opioids should be discontinued. There is a lack of documentation regarding the injured worker's need for pain medications, as the documentation provided indicated the injured worker was not utilizing any type of pain medication. The documentation indicated they were awaiting authorization for a total knee arthroplasty. However, there is a lack of documentation regarding the surgery being authorized. There is a lack of documentation regarding significant pain on a numerical scale. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.