

<b>Case Number:</b>	CM14-0155710		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Family Medicine and is licensed to practice in Texas, Ohio & Florida. 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 59-year-old male who reported an injury on 02/06/2003. The mechanism of injury was a slip and fall. His diagnoses included right knee tibial plateau fracture, status post right knee open reduction/internal fixation, status post right knee irrigation and debridement, right knee osteomyelitis, and left knee medial and lateral meniscus tears. Past treatments included steroid injections, medications, chiropractic sessions, physical therapy, spine surgery, and right knee surgery. The clinical note dated 08/27/2014 reported the injured worker complained of bilateral knee pain. He reported pain rated 8/10 to 9/10, with constant aching in both knees and instability in the right knee. Physical examination revealed decreased sensation, strength rated -5/5, and tenderness to palpation at the patellar tendon and over the medial joint line of the right knee. His medications included Vicodin, OxyContin, Gabapentin, Carisoprodol, and Naproxen. The treatment plan included weight bearing as tolerated, MRI of the left knee, and right knee Orthovisc injections. The request was for OxyContin 30 mg #90. However, the rationale for the request and the Request for Authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 30mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The request for OxyContin 30 mg is not medically necessary. The California MTUS Guidelines recommended ongoing review of opiate use, including documentation of pain, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opiate, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. The clinical documentation submitted did not provide sufficient clinical evidence to support guideline recommendation. There was a lack of documentation provided to indicate functional improvement, pain level with and without medication, side effects, or appropriate medication use. There was also no evidence of consistent results on urine drug screen to establish appropriate medication use. Additionally, the request as submitted failed to indicate a frequency of use for the medication. Therefore, the request for OxyContin 30 mg is not medically necessary.