MAXIMUS Federal Services

Case Number:	CM14-0183767		
Date Assigned:	11/10/2014	Date of Injury:	08/07/2013
Decision Date:	12/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 and 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 injured worker is a 54-year-old male who reported an injury on 08/07/2013. The mechanism of injury was due to rolling his ankle and twisting his right knee. His diagnoses include right total knee arthroplasty. His past treatments include physical therapy and 3 Synvisc injections; 2 injections in the right knee in 2009 and 2010, and 1 injection in the left knee on an unspecified date. The diagnostic studies include an x-ray of the right knee on 04/15/2014, which revealed end stage right knee osteoarthritis. His surgical history includes a right total knee arthroplasty on 09/24/2014. On 07/23/2014, the injured worker presented with persistent right knee pain, that is "buckling on him constantly." The objective findings revealed tenderness to palpation of the medial and lateral joint line, as well as tenderness to palpation of the patellar tendon attachment, and positive patellofemoral crepitation. He was also noted to have decreased range of motion in the right knee and a positive McMurray's sign. Current medications were not provided. The treatment plan was noted to include a recommendation for right total knee arthroplasty. A request was received for OxyContin and intravenous Venofer provided to the injured worker on 09/25/2014. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin, DOS:9/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: The request for OxyContin, provided on 09/25/2014, was not medically necessary. According to the California MTUS Guidelines, prior to initiating an opioid, baseline pain and functional assessments should be made. Additionally, the documentation should include a detailed pain related assessment, with the patient's history of pain treatment, and assessment of pain and function. The documentation submitted for review did indicate the injured worker to have received surgery on 09/24/2014. However, there was insufficient documentation of an objective VAS (visual analog scale) pain level and objective functional deficits. Moreover, the request failed to indicate a dosage, frequency, and quantity. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for OxyContin, DOS: 09/25/2014, is not medically necessary.

Intravenous Venofer, DOS: 9/25/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.venofer.com/HCP/Index.aspx

Decision rationale: The request for intravenous Venofer, DOS: 09/25/2014, is not medically necessary. According to www.venofer.com, Venofer provides first-line intravenous iron therapy for the treatment of iron deficiency anemia. There was insufficient documentation of an anemic condition or treatment for iron malabsorption. Therefore, the request is not supported. As such, the request for intravenous Venofer, DOS: 09/25/2014, is not medically necessary.