

Case Number:	CM14-0021577		
Date Assigned:	05/07/2014	Date of Injury:	09/29/1999
Decision Date:	10/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/20/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 64-year-old male who reported an injury on 09/29/1999. The mechanism of injury is due to a trip and fall. The injured worker has diagnoses of spinal lumbar disc degenerative disease, knee pain, pain in joint lower leg, and low back pain. Past medical treatment consists of medial branch block, transforaminal epidural steroid injections, occupational therapy, physical therapy, surgery, and medication therapy. There was no Urinalysis or drug screen submitted for review. On 03/05/2013, the injured worker underwent total knee arthroscopy to the left knee. On 03/25/2014, the injured worker underwent left knee patellar reattachment revision surgery. On 04/21/2014, the injured worker complained of low back pain. Physical examination of the lumbar spine revealed a restricted flexion to 30 degrees, extension limited to 5 degrees due to pain, right lateral bending limited to 20 degrees, left lateral bending limited to 20 degrees, lateral rotation to the left limited to 20 degrees, and lateral rotation to the right limited to 20 degrees. On palpation, paravertebral muscles were tender on both sides. Lumbar facet loading was positive bilaterally. Straight leg raise was negative, Faber test was positive, and Babinski's sign was negative. The medical treatment is for the injured worker to continue the use of her medications. The rationale was not submitted for review. The 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:

OXYCODONE 15 MG ER#150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 3, pages, 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

Decision rationale: The request for Oxycodone 15 mg is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. Furthermore, the submitted documentation lacked evidence of the efficacy of the medication, a complete and accurate pain assessment and aberrant behaviors. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.