

Case Number:	CM14-0027490		
Date Assigned:	06/13/2014	Date of Injury:	08/06/2008
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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 Neurological Surgery 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 44-year-old female was reportedly injured on August 6, 2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated May 31, 2014, indicated there were ongoing complaints of right knee pain and depression. The current medications were stated to include Percocet, OxyContin, amitriptyline, and Duexis and were stated to be helpful. Pain level was stated to be 10/10 without medications and 5-6/10 with medications. The physical examination demonstrated tenderness of the entire right knee but most notable at the anterior aspect as well as medial and lateral joint lines. There were decreased flexion and extension. Continued medication management was recommended. A request was made for OxyContin, Elavil and Percocet and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE (OXYCONTIN) 15MG 12-HRS QUANTITY 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment Page(s): 88.

Decision rationale: The previous utilization management review, dated February 14, 2014, did not certify the usage of OxyContin and stated that its efficacy is not specified. Since that date, the most recent medical record, dated March 31, 2014, stated that Oxycodone is being used to treat the injured employee's acute and chronic pain. The injured employee states that the medications were helpful and increased the ability to function to include the ability to perform activities of daily living. A visual analogue scale (VAS) pain score was provided. No side effects were reported nor was there any aberrant behavior. There was a signed opioid contract with the prescribing physician. Considering this, the request for OxyContin is medically necessary.

OXYCODONE (PERCOCET) 10MG/32 QUANTITY 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment Page(s): 88.

Decision rationale: The previous utilization management review, dated February 14, 2014, did not certify the usage of OxyContin and stated that its efficacy is not specified. Since that date, the most recent medical record, dated March 31, 2014, stated that Oxycodone is being used to treat the injured employee's acute and chronic pain. The injured employee states that the medications were helpful and increased the ability to function to include the ability to perform activities of daily living. A VAS pain score was provided. No side effects were reported nor was there any aberrant behavior. There was a signed opioid contract with the prescribing physician. Considering this, the request for OxyContin is medically necessary.