

Case Number:	CM14-0040207		
Date Assigned:	06/27/2014	Date of Injury:	06/26/1997
Decision Date:	08/25/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in 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 56-year-old female who reported an injury on 06/26/1997 due to a fall. The injured worker's diagnosis was lumbar radiculopathy, bilateral patella trochlear chondromalacia, status post left knee replacement with medical collateral ligament strain, and anterior pain syndrome medial meniscal tear. Prior diagnostic studies include an magnetic resonance imaging (MRI) of the lumbar spine without contrast performed on 12/11/2013. The injured worker complained that her pain had increased due to weather changes and the complaint was to her knees. Examination dated 03/07/2014 revealed tenderness on palpation to the paravertebral muscle with hypertonicity and spasm. Tight muscle bands were noted on both sides of the lumbar spine. Straight leg raise test was positive on both sides and sitting at 60 degrees and in supine position. Right shoulder Hoffman's test was positive. Speed test was positive. Drop arm test was positive. On palpation, there was tenderness noted in the subdeltoid bursa. There was a mild effusion in the left knee joint. Motor testing examination was limited by pain. Injured worker complained of lower back ache. The injured worker's medications were Robaxin 500 mg, Wellbutrin XL 150 mg, Norco 10/325, Oxycodone hydrochloride 10 mg, Meclizine 25 mg. The treatment plan from the provider was to do a follow-up visit and was awaiting authorization for an epidural for her knee surgery. Rationale for request was not submitted with documentation. Request for authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing management of an injured worker taking opioid medication should include a routine office visit, the detailed documentation of the extent of pain and general status with regard to activities of daily living, appropriate medication use and/or aberrant drug taking behaviors and adverse side effects. The pain assessment should include current pain, that is reported pain over a period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Documentation submitted for review indicates that the injured worker was having pain but there is no visual analog pain scale documented. The documentation submitted for review does not include comprehensive pain assessment, pain relief, functional status while on medication, no average pain score, no pain score before medication, no pain score after medication or how long the pain relief lasts. There is also no documentation for adverse side effects with the use of opioids; however, there is documentation of a drug screen that verifies the injured worker's compliance with taking pain medication. The criteria for ongoing use of opioid medication has not been established, in addition, there is no mention of frequency on the proposed request. According to documentation submitted the injured worker medication regimen included Norco 10/325 every 4-6 hours as needed and Oxycodone 10 mg every 4-6 hours. Guidelines do not recommend a morphine equivalent dose greater than 120mg. Based on the medications the injured worker is taking, the morphine equivalent dose would exceed the 120mg in 24 hour period. Therefore, the request for Oxycodone 10 mg is not medically necessary and appropriate.