

Case Number:	CM14-0041094		
Date Assigned:	06/30/2014	Date of Injury:	01/27/2011
Decision Date:	09/15/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 51 year old male who sustained an injury on 01/27/11. No specific mechanism of injury was noted. This appeared to have been due to cumulative trauma. Prior treatment has included bilateral Cortisone injections for the bilateral knees as well as the use of knee braces. The injured worker had no improvement with viscosupplementation injections and ultimately underwent a total knee replacement in November of 2013. The injured worker's postoperative acute left knee pain as well as chronic left knee pain had been managed with the use of Oxycontin 40mg utilized 3 times a day. As of 03/05/14, the injured worker had been followed by pain management and was continuing to attend physical therapy which was providing benefit. At this evaluation, the injured worker was utilizing Oxycontin 40mg 7 times per day and Oxycontin 20mg 1 time per day. he injured worker's pain score was reported as 5/10 in severity on the average. He injured worker reported 50% relief with pain medications. The injured worker still had limited ability to tolerate standing and walking for more than 20 minutes. The most recent urine drug screen findings were consistent with Oxycodone use. The injured worker's physical examination noted postoperative changes in the left knee with full range of motion. The injured worker had been able to wean off of Oxycontin and the total amount would be reduced to 280mg for 2 weeks to decrease by another 20mg. The requested Oxycontin 40mg, quantity 180 and Oxycontin 20mg, quantity 60 were both denied by utilization review on 03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Oxycontin 40mg, quantity 180, this reviewer would have recommended this medication as medically necessary as prescribed. As of 03/05/14, the injured worker was utilizing 280mg of Oxycontin a day utilizing the 40mg dose. Per the report, the injured worker had been compliant with a weaning schedule that had allowed the amount of medications to be decreased to 280mg for the next 2 weeks. The injured worker was planned to decrease opioid medication by another 20mg at the end of the next 2 weeks. Given the injured worker's compliance with the current weaning schedule, this reviewer would not have recommend any changes to the injured worker's narcotic pain medication regimen. As long as the injured worker is consistent with the weaning schedule, continuing prescriptions for Oxycontin at 40mg should be supported. Therefore, the requested medication is medically necessary.

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Oxycontin 20mg, quantity 60, this reviewer would not have recommended this medication as medically necessary. Based on the 03/05/14 clinical report, the injured worker's weaning schedule was for 280mg of Oxycontin per day for the next 2 weeks. This would be achieved utilizing the 40mg dose. There would be no further requirement for the Oxycontin 20mg and this would not require any weaning. Therefore, this request is not medically necessary.