

Case Number:	CM14-0043898		
Date Assigned:	06/30/2014	Date of Injury:	11/16/2006
Decision Date:	08/13/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 Internal 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:

This case involves an injured worker who underwent a complex revision total knee replacement of the right knee on 03-31-2014. The date of injury was November 16, 2006 and the initial orthopedic evaluation was on October 15, 2013 by [REDACTED]. The doctor documented that the patient underwent bilateral total knee replacement in 2007. The patient stated he is on Morphine tablets and Norco. An interim report from [REDACTED] dated December 31, 2013 requested authorization for the following treatment: complex revision total knee replacement and will require a skilled nursing facility for up to two weeks post-op, Lovenox 40 mg per day for 14 days post-op, Oxycodone 5-10 mg every 3 hours #200 as needed for pain in the weeks immediately following surgery, a Scopolamine patch applied the night before surgery for prevention of nausea, Ambien 10 mg 1/2 tablet every night for sleep #30 and Celebrex 200 mg per day for 30 days #30. He will also require physical therapy a few times a week for 8 weeks. These are being respectfully requested in advance of his surgery. Utilization review decision date was 03-04-2014. Interim report December 31, 2013 by [REDACTED] requested for authorization for treatment: Please note, the patient will require complex revision total knee replacement and will require a skilled nursing facility for up to two weeks post-op, Lovenox 40 mg per day for 14 days post-op, Oxycodone 5-10 mg every 3 hours #200 as needed for pain in the weeks immediately following surgery, a Scopolamine patch applied the night before surgery for prevention of nausea, Ambien 10 mg 1/2 tablet every night for sleep #30 and Celebrex 200 mg per day for 30 days #30. He will also require physical therapy a few times a week for 8 weeks. These are being respectfully requested in advance of his surgery. Utilization review decision date was 03-04-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tablets 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80, 86, 94-95, 97.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines presents criteria for use of opioids: Only change 1 drug at a time. The lowest possible dose should be prescribed to improve pain and function. MTUS recommends: Frequent evaluation of clinical history, frequent review of medications (including electronic medical record evaluation when available and pill counts at each visit, brought in the original bottle from the pharmacy), communication with previous providers and other current providers, with evidence of obtaining medical records. (It has been recommended that opioids should not be prescribed on a first visit until this step has been undertaken.) Oxycodone is a potentially addictive opioid analgesic medication, and it is a Schedule II controlled substance. FDA Prescribing Information documents that Oxycodone is a DEA Schedule CII medication. Schedule II drugs have a high potential for abuse, potentially leading to severe psychological or physical dependence. Based on information available on the metabolism and excretion of Oxycodone, dose initiation in patients with renal impairment, and hepatic impairment should follow a conservative approach. FDA guidelines warns: Patients receiving narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with Oxycodone hydrochloride tablets may exhibit an additive CNS depression. Interactive effects resulting in respiratory depression, hypotension, profound sedation, or coma may result if these drugs are taken in combination with the usual dosage of Oxycodone hydrochloride tablets. When such combined therapy is contemplated, the dose of one or both agents should be reduced. Initial orthopedic evaluation October 15, 2013 documented that the patient is on Morphine tablets and Norco. An interim report dated December 31, 2013 requested Oxycodone 5-10 mg every 3 hours #200 as needed for pain in the weeks immediately following surgery - requested in advance of his surgery. Medical records prior to the request do not contain laboratory tests, past medical history, full list of current prescription medications, adverse drug reactions, or vital signs. Patient was prescribed two opioid medications; Norco which contains Hydrocodone and Morphine which is a Schedule CII medication. The medical records do not document the dose and frequency of Norco and Morphine. Adding Oxycodone to the regimen of Norco and Morphine, without documentation of the dose and frequency, is not recommended. FDA guidelines warn against using other narcotic analgesics in combination with Oxycodone. MTUS and FDA guidelines do not support the prescription of Oxycodone in combination with Norco and Morphine without documentation of dose, frequency, medical history, adverse drug reactions, vital signs, and laboratory tests. Therefore, the request for Oxycontin tablets 5mg #60 is not medically necessary.