

<b>Case Number:</b>	CM14-0044186		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 48-year-old male who reported an injury on 01/30/2012. The mechanism of injury was not provided within the documentation. The injured worker's treatments were noted to be Orthovisc injections, physical therapy, medications, and left knee surgery. The injured worker's diagnoses were noted to be status post left knee arthroscopic medial meniscectomy, left knee degenerative joint disease, and left knee chondromalacia patella. The injured worker had a clinical evaluation on 12/30/2013. The injured worker stated pain at a 5/10 to 6/10 on a 1 to 10 pain scale. He had obtained a brace for his left knee, but stated it tore during his home exercise program. The injured worker reported that his pain had been significantly decreased while wearing the brace, and that the brace had allowed him to complete his home exercise program. He also indicated the brace increased his functional capacity. The injured worker continued to state since tearing the brace, he has not been very active. The injured worker had 24 visits of postoperative physiotherapy for the left knee. He was status post left knee surgery on 04/22/2013. The objective findings of the left knee examination included mild tenderness to palpation. No sign of DVT. Range of motion was 0 to 25 degrees with mild swelling noted about the knee. There was audible crepitus with motion. Motor exam indicated 5/5 quad strength, 5/5 hamstring strength. The injured worker was not wearing his left knee brace due to an apparent tear. The treatment plan included prescription for another left knee brace in attempt to decrease to the injured worker's pain and increase his activity level. The injured worker was prescribed Oxycodone 5 mg #60 to be taken every 12 hours as needed for severe pain. The provider's rationale for the requested medication was provided within the documentation. The request for medical necessity was dated 12/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg po BID#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, On-going Management Page(s): 78.

**Decision rationale:** The request for Oxycodone 5 mg by mouth twice a day #60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide four domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long 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 clinical documentation fails to provide an adequate pain assessment to determine the efficacy of Oxycodone for the injured worker. As such, the decision for Oxycodone 5 mg by mouth twice a day #60 is not medically necessary.