

<b>Case Number:</b>	CM14-0046349		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/06/2001
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 & Rehabilitation 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 54-year-old female who reported an injury on 07/06/2011. The mechanism of injury was noted to be a rack hitting the backside of her left knee causing it to twist. The injured worker's prior treatments were noted to be use of a transcutaneous electrical nerve stimulation (TENS) unit and medications. Her diagnoses were noted to be lumbar radiculopathy, hip pain, hip degenerative joint disease, knee pain, and pain in the joint of her lower leg. A clinical evaluation on 03/24/2014 indicated the injured worker having right hip pain and bilateral knee pain. She stated that her pain level had increased since her last visit and she did not report any new change in the location of her pain or any problems such as side effects. The objective findings included the injured worker to be in moderate pain. On palpation, the paravertebral muscles presented with tenderness on both sides. Tenderness was noted over the groin and trochanter. She indicated pain at groin area with internal hip rotation. The treatment plan included discontinuing the Duragesic patch due to sensitivity with the injured worker's skin. It was recommended that the injured worker begin a trial of Oxycodone 10 mg. The injured worker was encouraged to continue using a cane and knee brace as needed for stability. The provider's rationale for the requested medication was provided within the treatment plan of a physical evaluation dated 03/24/2014. A request for authorization for medical treatment was not submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids Page(s): 76.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines provide criteria for a therapeutic trial of opioids. There should be an established treatment plan with reasonable alternatives to treatment. It should be noted if the injured worker is likely to improve within the treatment phase. Consideration as to improvement of opioid treatments in the past should be noted. Documentation should include the recommendation of a psychological evaluation for pain and rule out the diagnosis of somatoform disorder. There should be a baseline pain and functional assessment including social, physical, psychosocial, daily and work activities, and this should be performed with a validated instrument or numerical rating scale. There should be a plan of weaning from opioids. Use of a urine drug screen should be implemented. There should be a prophylactic treatment for constipation. According to the clinical evaluation provided with this review the pain assessment lacks the criteria for initiating an opioid trial. In addition, the request for the oxycodone 10 mg #10 fails to provide a drug frequency. As such, the request is not medically necessary.