

<b>Case Number:</b>	CM14-0062407		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Nevada. 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 was reportedly injured on 1/30/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 10/22/2013, indicated that there were ongoing complaints of right elbow, bilateral knees, and right ankle pains. The physical examination demonstrated left knee mild tenderness to palpation, range of motion 0-125 with mild swelling. Positive crepitus was with range of motion. Right knee had positive painful patellofemoral crepitus with motion. Right elbow had ulnar collateral ligament strain, with no instability noted. Right ankle had positive tenderness to palpation of the lateral aspect of the ankle. There was also pain and crepitus with range of motion. No recent diagnostic studies are available for review. Previous treatment included previous surgery, aquatic therapy #12, physical therapy #24 and medications. A request was made for oxycodone 5 mg #60 and was not certified in the pre-authorization process on 4/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5 mg; #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.