

Case Number:	CM14-0065969		
Date Assigned:	07/11/2014	Date of Injury:	07/09/2009
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/09/2014

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 Medicine 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 62-year-old female injured on 07/09/09 due to an undisclosed mechanism of injury. Diagnoses include pain in the joint of the lower leg, neuralgia/neuritis/radiculitis, osteoarthritis, and chronic postoperative pain. The clinical note dated 03/05/14 indicates the injured worker presented complaining of right knee pain. The injured worker reported 70-80% improvement in pain, associated increased activity, flexibility of knee, reduced swelling, increased ability to exercise such as gardening/standing/walking as a result of medication management. The injured worker reported the ability to take holiday trips and participate in Pilates and yoga. The injured worker reported continued pain and physical limitations preventing her to work due to pain while squatting and prolonged standing, lifting, and bending. Physical examination revealed gait and movements within baseline level of function, neurologically intact without apparent gross deficits, and within typical presentation. Medications included Lidocaine 5% ointment, Oxycontin 10mg BID, Bupropion 150mg, and Topamax 100mg. The initial request for Oxycontin 10mg tablet SR SIG take 1 twice daily, quantity 60, refills 3 was initially non-certified on 04/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10MG TAB. SR SIG: TAKE 1 TWICE DAILY, QTY-60, , REFILLS-3:

Overtured

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): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Oxycontin 10mg tab. SR sig: take 1 twice daily, qty-60, refills-3 is recommended as medically necessary at this time.