

Case Number:	CM14-0080198		
Date Assigned:	07/18/2014	Date of Injury:	12/22/2006
Decision Date:	08/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/30/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in California & Washington. 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 57-year-old male with a date of injury reported on 12/22/2006. The injury was due to him slipping and twisting his right knee and falling on his back while in the back of a truck, pulling on a pallet. His diagnoses included degenerative joint disease and osteoarthritis of the right knee and status post ACL repair and loose body removal and resultant chondromalacia, status post total knee replacement, degenerative disc disease of the lumbosacral spine with bilateral L5 radiculopathy and rule out cervical degenerative disc disease and herniated pulposus of the cervical spine. The injured worker has had previous treatments of epidural steroidal injections, chiropractic treatment, medications and physical therapy. The efficacy has not been provided of those treatments. The injured worker's physical therapy report from 08/07/2013 did state that he had an increase in range of motion and his strength was within functional limits. The injured worker had an examination on 01/17/2014 with complaints of ongoing back pain which radiated down his right lower extremities from his hip to his foot. The injured worker was requesting an MRI of his lumbosacral spine. There was a urine drug screen provided on 10/11/2013 which was positive for opiates, oxycodone, phencyclidine and marijuana. It was negative for amphetamines, barbituates, benzodiazepines, cocaine, MDMA or XTC, methadone, and tricyclic antidepressants. Upon physical examination of the lumbosacral spine, it did reveal flexion at 70 degrees, extension at 20 degrees, bilateral rotation at 40 degrees and bilateral tilt at 45 degrees. There was pain to palpation from L3 to S1. His reflexes were 1+ and symmetrical to the lower extremities with a positive straight leg raise test on the right at approximately 50 degrees but negative on the left. His strength was 4 out of 5 to flexion and extension. Page 3 out of 4 was missing out of this report, therefore there was not a medication

list or efficacy provided. The plan of treatment was not provided. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78-80.

Decision rationale: The injured worker has a history of complaining of right knee pain and back pain. He has had previous treatments of epidural steroidal injections, chiropractic treatments, medications and physical therapy. The California MTUS Guidelines do recommend for the ongoing monitoring of people on opioids for documentation to include pain relief, side effects, physical and psychosocial functioning at the occurrence of potentially aberrant or non-inherent drug related behaviors. There was no documentation provided regarding the medication list or pain relief with regard to the VAS scale. There were no complaints of side effects noted. There were no physical or psychosocial functioning deficits or improvement provided. The injured worker did have a urine drug screen done which did show positive for opiates, oxycodone, phencyclidine, and marijuana which does show some non-adherent drug related behaviors. The guidelines also do recommend to discontinue medications if there is no overall improvement in function and again there was no evidence of improvement of function. Immediate discontinuation is suggested for evidence of illegal activity which would include a positive test for marijuana. The request does not specify directions as frequency or quantity. Therefore the request for the oxycodone 50 mg is not medically necessary.