

Case Number:	CM14-0083259		
Date Assigned:	07/21/2014	Date of Injury:	10/06/2000
Decision Date:	09/12/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 records, presented for review, indicate that this 58-year-old gentleman was reportedly injured on October 6, 2000. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 9, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated tenderness at the medial aspect of the right knee and pain with compression of the patellofemoral joint. There was decreased motion and strength of the right knee as well. There was a diagnosis of right knee chondromalacia and additional Euflexxa injections were planned. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right knee arthroscopy times three. There have also been three epidural steroid injections for the lumbar spine, cortisone injections for the right knee, flexor injections, aquatic therapy, and acupuncture. A request was made for OxyContin and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, 93.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. 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 employee has chronic pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for OxyContin is not medically necessary.