

Case Number:	CM14-0189717		
Date Assigned:	11/20/2014	Date of Injury:	04/30/2010
Decision Date:	01/21/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/13/2014

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 Rehab 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 has a date of injury of 4/30/10. She is being treated for cumulative trauma to the low back, legs and knees due to repetitive work activities. Treatment has included physical therapy, chiropractic treatments, bilateral knee surgery, aqua therapy, cognitive behavioral therapy with biofeedback, oxycodone 20 mg tablets and Percocet 10/325 mg tabs. With the interventions the patient has not returned to work. Physical examination reveals muscle tenderness in the lumbar spine, full knee active range of motion and positive bilateral straight leg raise test, multiple knee joint line tenderness with a positive McMurray's sign and a left knee effusion. On 10/1/14 refills are being requested for oxycodone 20 mg #90 tablets and Percocet 10/325 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 76-87.

Decision rationale: The injured worker is being treated for chronic lumbar radiculopathy and chronic knee pain from internal arrangements. Records indicate completion of extensive

conservative management yet the injured worker has not returned to work. Pain medications have included an oxycodone 20 mg and Percocet 10/325 mg 3 times a day dose schedule. The records do not provide adequate report of functional improvement such as pain scores, return to work or reduce reliance on medical care. MTUS guidelines recommend continued opioid therapy when the patient has returned to work or there has been improved functioning and pain. Reviewed documentation does not provided report of functional or pain improvement as a response to opioid therapy. The request for oxycodone 20 mg is therefore not medically necessary.