

Case Number:	CM14-0193393		
Date Assigned:	12/01/2014	Date of Injury:	09/19/1997
Decision Date:	01/16/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on 9/19/1997. His diagnoses include lumbosacral spondylosis without myelopathy, spinal stenosis of lumbar region without neurogenic claudication, osteoarthritis of both knees, rule/out bilateral meniscal injuries, lumbar disc displacement without myelopathy, lumbago, and plantar fascial fibromatosis. He had left TKR on 5/20/2014. His medications include Norco 10/325 1-2 every 4-6 hours prn, carvedilol 12.5 mg bid, lisinopril/hctz 20/12.5 bid, Miralax daily, Flexeril 5 mg bid to tid prn, oxycontin 30 mg tid prn, metformin, simvastatin, nph insulin. At the primary treating physician visit on 8/25/2014 he complained of knee and ankle pain. He rated his pain as 4-5/10. Physical exam revealed an antalgic gait due to left knee pain. He was noted to have difficulty getting out of a chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. There was no documentation of improvement in function in response to opioids. Furthermore, there was not an adequate assessment of pain as discussed above.