

<b>Case Number:</b>	CM14-0193429		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Practice, and is licensed to practice in Florida. 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 patient is a 48-year-old male with a date of injury of 3/1/2004. He has chronic back pain, bilateral knee, ankle, and foot pain. He has had prior imaging studies that have showed low back disc disease at T12-S1 with stenosis and facet involvement from L3-S1. He has an MRI of the knee that showed a meniscus tear. He has previously been treated with a right knee meniscus repair surgery, and knee cortisone injections. The patient has also been treated with medications that include chronic narcotics. He has not been employed since 2005. A 10/1/2014 progress note showed decreased range of motion in the patient's right knee and ankles with tenderness along the medial portion of the knee and patella as well as tenderness along the anterior talo-fibular ligament on the right. A utilization review physician did not authorize continuation of this patient's chronic Oxycodone medication, and recommended weaning. He also did not certify a drug screen, since this patient is being recommended for weaning from narcotics. An independent medical review was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. It is also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, there is no objective evidence provided in the documentation of functional improvement. Therefore, this request for Oxycodone is not medically necessary.

**10-Panel Urine Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 77-79.

**Decision rationale:** The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. Since this patient has been recommended to be being weaned off narcotics, there is no reason that a drug screen needs to be checked at this time. Therefore, this request for drug testing is not medically necessary.