MAXIMUS Federal Services

Case Number:	CM14-0204822		
Date Assigned:	12/15/2014	Date of Injury:	03/23/2004
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Orthopedic Surgery 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 is a 50-year-old male who reported an injury on 03/23/2004. The mechanism of injury was lifting. His diagnosis was noted as status post left knee replacement with persistent pain, right knee degenerative joint disease with persistent pain, postlaminectomy syndrome, chronic opioid dependency, anxiety and depression secondary to chronic disability, possible hernia related to anterior lumbar interbody fusion approach at the time of spine surgery, and probably loosening of his sacroiliac joint screws on the left. His past treatments were noted to include medication, surgery, and psychological consultation. His diagnostic studies were not provided. His surgical history was noted to include left knee replacement, date performed not provided. During the assessment on 10/31/2014, the injured worker complained of left sided buttock and leg pain, left knee pain, right knee pain, and low back pain. He indicated that the left buttock and leg pain were worse. The physical examination revealed tenderness to palpation over the left posterior superior iliac spine, as well as a positive faber test, lateral leg left, and shear test. His medications were noted to include Oxycontin 80 mg every 6 hours for pain and Norco. The treatment plan was to followup regarding knee pain and was referred for clinical psychological evaluation and treatment. The rationale for Oxycontin 80 mg #120 was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The request for Oxycontin 80 mg #120 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with the use of random drug screening as needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The injured worker has been taking Oxycontin 80 mg since at least 05/19/2014. There was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results of urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of Oxycontin 80 mg is not supported by the guidelines. As such, the request is not medically necessary.