

<b>Case Number:</b>	CM15-0000337		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/08/1968
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 70 year old male who sustained an industrial accident on 09/08/1968. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 12/02/2014 indicated the worker was experiencing pain in the right knee and stiffness in the left knee. The documented examination described right knee tenderness and decreased motion in the left knee joint. The submitted and reviewed documentation concluded the worker was suffering from degenerative joint disease of the right knee and left knee surgery ten months ago. A supplemental physician letter of medical necessity dated 12/12/2014 reported the injured worker was taking the oxycodone on an as-needed basis following a left total knee arthroplasty done in 02/2014, especially before and after exercising and at night. He also has arthritis in his right knee. Treatment had included medications, physical therapy, injections, and a Dynasplint. On 12/17/2014 a Utilization Review certified a modified request of 28 tablets of Oxycodone 5mg, citing California Chronic Pain Medical Treatment Guidelines-Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg # 70:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning medications Page(s): 74-95, 124.

**Decision rationale:** Oxycodone is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation concluded that the worker was suffering from pain in the right knee and stiffness in the left knee. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for seventy tablets of oxycodone 5mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available.