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| Case Number: | CM15-0002532 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 07/05/2012 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery in 2013; unspecified amounts of physical therapy; a total knee arthroplasty on October 6, 2014; and opioid therapy. In a Utilization Review Report dated December 9, 2014, the claims administrator failed to approve a request for oxycodone. The applicant's attorney subsequently appealed. In a handwritten note dated December 1, 2014, the applicant reported ongoing complaints of bilateral knee pain, 8/10, status post earlier total knee arthroplasty. The applicant was asked to continue Advil, aspirin, Motrin, and oxycodone. The attending provider stated that he would ultimately discontinue oxycodone as the applicant's condition improved following the total knee arthroplasty surgery. It was stated that the applicant had reported heightened pain complaints following the right total knee arthroplasty. It was suggested that the request for oxycodone immediate release was a first-time request. The note was very difficult to follow. It was suggested that oxycodone extended release was renewed. Norvasc and Zestril were renewed for hypertension, while Prozac was introduced for depression. The attending provider stated that the applicant was doing home exercise and attending physical therapy. The applicant reported 9/10 pain with medications versus 2-3/10 pain without medications, it was stated. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing topic. Page(s): 86.

Decision rationale: No, the request for oxycodone immediate release 30 mg #90 was not medically necessary, medically appropriate, or indicated here. The request was seemingly initiated via a handwritten progress note dated December 1, 2014. On that date, the attending provider already indicated that the applicant was using a daily morphine equivalent dose of 270 mg per day. The applicant was using oxycodone extended release 60 mg thrice daily as of that point in time. The requesting provider was the applicant's family practitioner. However, page 86 of the MTUS Chronic Pain Medical Treatment Guidelines notes that, in general, the total daily dose of opioids should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, does page 86 of the MTUS Chronic Pain Medical Treatment Guidelines suggest considering increasing the total daily dosage of opioids above 120 mg oral morphine equivalents. Here, the applicant's family practitioner did not obtain a pain management consultation prior to introduction of immediate release oxycodone. The applicant was already using extended release oxycontin 60 mg thrice daily, resulting in a total morphine equivalent dosage of 270 mg per day. The attending provider's commentary to the effect that extended release oxycodone was, in fact, proving effective, was belied by his later commentary to the effect that immediate release oxycodone needed to be introduced. Therefore, the request was not medically necessary.