

<b>Case Number:</b>	CM15-0109603		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 46 year old male who sustained a work related injury March 29, 2012. Past history included s/p left total knee replacement August 2014, left knee manipulation under anesthesia, with injection of Marcaine, epinephrine, and Kenalog, September 26, 2014, and hypertension. According to the most recent treating physician's progress notes, dated March 18, 2015, the injured worker presented with complaints of left knee pain. There is an inability to fully flex the joint with swelling occurring at the end of the day. Examination of the left knee revealed tenderness at the mid-portion of the lateral collateral ligament and mid portion of the medial collateral ligament. Vascular examination of the left leg is unremarkable. Diagnosis is documented as tricompartmental degenerative joint disease. Treatment plan included continuing physical therapy and strengthening. At issue, is the request for authorization for Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10/325 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 46 year old male has complained of left knee pain since date of injury 3/29/12. He has been treated with surgery, physical therapy and medications to include opioids for at least 4 weeks duration. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.