

<b>Case Number:</b>	CM15-0019662		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 58-year-old female who reported an injury on 05/11/2009. The mechanism of injury was cumulative trauma. Diagnoses include failed total knee replacement and knee pain. Past treatment was noted to include surgery, medications, physical therapy, and injections. Surgical history was noted to include revision for right total knee replacement. On 01/28/2015, physical examination findings noted the injured worker had decreased range of motion to the knee, which measured 0 to 95 degrees. Medications were noted to include Percocet and Xarelto. A request was received for ferrous sulfate 325mg, #90 and oxycodone/acetaminophen 5/325mg, #90 without a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ferrous Sulfate 325mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/dosage/ferrous-sulfate.html>.

**Decision rationale:** According to drugs.com, ferrous sulfate (iron) is indicated for iron deficiency anemia and mineral supplementation. The clinical documentation submitted for review did not indicate a rationale for the medication requested. Consequently, the request is not supported. Additionally, the request does not specify duration and frequency of use. As such, the request for ferrous sulfate 325mg, #90 is not medically necessary.

**Oxycodone/Acetaminophen 5/325mg, #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, criteria for use Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing use of opioids must be monitored with direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects (ADLs), and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured workers pain and ADLs with and without the use of this medication, adverse side effects, and a urine drug screen was not provided to determine medication compliance. Moreover, there were no subjective findings regarding the injured workers pain. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Oxycodone/Acetaminophen 5/325mg, #90 is not medically necessary.