

Case Number:	CM15-0134179		
Date Assigned:	07/22/2015	Date of Injury:	03/15/2000
Decision Date:	08/18/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 15, 2000. Past treatment included; rest, physical therapy, NSAIDS (nonsteroidal anti-inflammatory drugs), Tramadol, muscle relaxants, and intra-articular injections of both steroid and Supartz. According to a secondary treating physician's progress report, dated June 29, 2015, the injured worker presented for a follow-up with complaints of pain in his bilateral knees. The pain radiates down his bilateral legs and described as constant and sharp. He rates the pain 7 out of 10 with medication and 10 out of 10 without medication. Current medication included Celebrex, Fentanyl Gabapentin, Omeprazole, and Percocet. He reports that with medication he is able to walk, clean the house, self-care, and play with his grandchildren. Objective findings included; severe allodynia to light touch medial and lateral aspect of the left patella, moderate to severe allodynia to light touch diffuse right knee, severe decreased range of motion right and left knee flexion and extension, due to pain. He has a slowed and unsteady gait and is walking less than ½ mile due to increased pain. Diagnoses are reflex sympathetic mediated pain syndrome; knee strain, bilateral. Treatment plan included to start authorized additional acupuncture, and a discussion of a spinal cord stimulation trial. Percocet was discontinued due to its suboptimal pain relief and ordered and at issue, a 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 15 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone IR (immediate release).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2000 and is being treated for bilateral knee pain with radiating symptoms into the legs. When seen, pain was rated at 10/10 without medications and 8/10 with medications. His current pain level was 7/10. Medications prescribed included fentanyl and Percocet at a total MED (morphine equivalent dose) of 300 mg per day. Physical examination findings included decreased knee range of motion with pain and severe lower extremity allodynia. There was a slow, unsteady gait. Percocet was discontinued and oxycodone was prescribed. The total MED was increased to 330 mg per day. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than two times that recommended and was increased when this request was made. Despite prescribing at a high MED, there is no evidence that medication are providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.