

Case Number:	CM15-0137460		
Date Assigned:	07/27/2015	Date of Injury:	02/09/2004
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 63 year old male who sustained an industrial injury to his left knee on 02/09/2004 while carrying plywood down a hill and fell. The injured worker was diagnosed with knee/lower leg joint pain, psychogenic pain and long term medication use. The injured worker also has a medical history of hypertension. The injured worker is status post left knee arthroscopy in 2004, anterior cruciate ligament reconstruction in 2005, left total knee arthroplasty in 2012, left knee manipulation under anesthesia in 2012 and left knee arthroplasty/revision on January 30, 2015. Treatment to date has included diagnostic testing, multiple knee surgeries, cortisone injections, physical therapy, home exercise program, cane, hinged knee brace and medications. According to the primary treating physician's progress report on May 11, 2015, the injured worker continues to experience left knee pain. The injured worker reports approximately 20% pain decrease with pain medication. The injured worker reports his constipation is improving with Metamucil and daily prune juice. Examination demonstrated swelling of the left knee and a healed incision. There was normal muscle tone without atrophy in the left lower extremity. The injured worker is cane dependent and has an antalgic gait. Current medications are listed as Oxycodone HCL 10mg, Clonidine, Senokot and Bupropion. Treatment plan consists of reviewing X-rays from a week ago, complete post-operative physical therapy and the current request for Oxycodone HCL 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 7 and 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals neither documentation to support the medical necessity of Oxycodone nor any documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 7/2/14 was consistent with Oxycodone use. CURES report was not available. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, this request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.