

<b>Case Number:</b>	CM15-0137476		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	02/09/2004
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 62-year-old male, who sustained an industrial injury on 2/9/04. He reported left knee pain following falling after his left foot became stuck in a hole. The injured worker was diagnosed as having pain in lower leg joint (status post left total knee arthroplasty, psychogenic pain and long-term use of medications. Treatment to date has included elective (ACL) Anterior Cruciate Ligament reconstruction, left knee arthroplasty, physical therapy, morphine, Oxycodone and Senokot; home exercise program and activity restrictions. Currently on 5/11/15, the injured worker complains of chronic left knee pain, status post left knee arthroplasty 1/30/15, he notes his pain is worse now than prior to the surgery. He is ambulating with a cane and reports a burning pain in right femur area. He notes 20% reduction in pain with use of Oxycodone. His work status is noted to be permanent and stationary. Physical exam performed on 5/11/15 revealed antalgic gait, left knee swelling and mood is lethargic and fatigued. A request for authorization for Oxycodone Hcl 10mg #150 was submitted on 6/10/15.

### 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 opioids. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine: Opioids Guideline. 2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96, 124.

**Decision rationale:** Oxycodone is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been taking Oxycodone since at least June 2014 and has not obtained analgesia. Documentation states that weaning from Oxycodone use is planned. The patient was taking up to 50 mg daily until July 2015. Slow taper of medication occurs by decreasing the dose by 10% every 2-4 weeks. The patient has been on 45 mg daily since July 2015. Medication dose is not consistent with weaning from the Oxycodone. The request should not be medically necessary.