

<b>Case Number:</b>	CM15-0160186		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: 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 34 year old female, who sustained an industrial injury on 4-10-2006. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include left sided thoracic facet mediated pain, bilateral knee pain, and thoracic myofascial pain. Treatments to date include anti-inflammatory, narcotic, physical therapy, and radiofrequency ablation. Currently, she complained of bilateral knee pain and mid back pain. She further reported the knee giving way causing a fall onto the left knee with increased pain. Pain was noted as manageable with Oxycodone with pain rated 8-9 out of 10 VAS without use and 4 out of 10 VAS with use. The medication was documented to take effect within thirty minutes and provides four to six hours of pain relief and increased functional ability. On 7-15-15, the physical examination documented bilateral knee edema, effusion, and tenderness. The plan of care included Oxycodone IR 15mg, one to two tablets every four to six hours, max six per day #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 15mg tab, 1-2 tabs every 4-6 hours as needed #180 with 1 refill (prescribed 7/15/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, and Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86.

**Decision rationale:** The requested Oxycodone IR 15mg tab, 1-2 tabs every 4-6 hours as needed #180 with 1 refill (prescribed 7/15/15), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. Opioid Dosing, Page 86, note In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The injured worker has bilateral knee pain and mid back pain. She further reported the knee giving way causing a fall onto the left knee with increased pain. Pain was noted as manageable with Oxycodone with pain rated 8-9 out of 10 VAS without use and 4 out of 10 VAS with use. The medication was documented to take effect within thirty minutes and provides four to six hours of pain relief and increased functional ability. On 7-15-15, the physical examination documented bilateral knee edema, effusion, and tenderness. The opiate load is 120 MED. It is guideline-supported to limit the continuance of this opiate to a one-month period pending: documentation of objective evidence of continued derived functional improvement; a current urine drug screen result; treating physician commentary on to attempts to wean the total opiate load towards the recommend daily maximum opiate dosage. The criteria noted above not having been met, Oxycodone IR 15mg tab, 1-2 tabs every 4-6 hours as needed #180 with 1 refill (prescribed 7/15/15) is not medically necessary.