

<b>Case Number:</b>	CM15-0164814		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/30/2010
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 with an industrial injury dated 05-30-2010. The injured worker's diagnoses include left knee patella femoral degenerative joint disease and internal derangement and left knee patellofemoral arthroplasty on 11-04-2014. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-20-2015, the injured worker reported severe left knee pain with stiffness and weakness. The injured worker rated pain a 5-6 out of 10. The treating physician reported that the X-ray revealed good alignment of prosthesis with no evidence of radiolucency cement interface normal. The treating physician also noted that the patella tracking position was normal. Objective findings revealed no effusion or swelling, rotation, and soft tissue snapping consistent with scar tissue. Normal tracking was also noted on exam. The treating physician prescribed Oxycontin times 2 refills and Fentanyl (Fentora) times 2 refills, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin times 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Oxycontin is a long acting opioid and it was used in combination with another - Fentanyl. They are not 1st line for mechanical or compressive etiologies. The pain reduction with use of medication is unknown and length of prior use was not provided. Failure of other medications is unknown. Future need and pain response cannot be determined to necessitate 2 extra refills. As a result, the Oxycontin as prescribed is not medically necessary.

**Fentanyl (Fentora) times 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Oxycontin-another long-acting opioids. The claimant had been on the medications for months. There was no indication for combining multiple long-acting opioids and no one opioid is superior to another. The pain reduction with use of medication is unknown and length of prior use was not provided. Failure of other medications is unknown. Future need and pain response cannot be determined to necessitate 2 extra refills. As a result, the Oxycontin Fentanyl as prescribed is not medically necessary.