

Case Number:	CM15-0166828		
Date Assigned:	09/04/2015	Date of Injury:	10/10/2009
Decision Date:	10/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/25/2015

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 56 year old female, who sustained an industrial injury on 10-10-2009. Diagnoses include bilateral knee degenerative joint disease, right lateral meniscal tear, left knee meniscal tear and bilateral knee pain. Treatment to date has included surgical intervention of the hip (2011 and 2013), as well as conservative treatment including diagnostics, chiropractic therapy for the right hip, steroid injections, Orthovisc injections for the right knee, cortisone injections for the right knee, medications, bracing, physical therapy and diagnostics. Per the Primary Treating Physician's Progress Report dated 6-23-2015, the injured worker reported increased bilateral knee and left hip pain. Medications help increase her activity and improve her sleep. She rates her bilateral knee pain as 8 put of 10 on average and 4-5 out of 10 with medications. Physical examination of the knees revealed tenderness to palpation of the bilateral medial joint lines. Internal rotation and hip flexion caused pain in the right hip. There was tenderness to palpation over the right greater trochanter. The plan of care included medications, injections, physical therapy and follow-up care. Authorization was requested for Oxycodone 5mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 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 no 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. It was noted that UDS completed 3/11/15 was consistent with prescribed medications. CURES was consistent with the patient's history. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.