MAXIMUS Federal Services

Case Number:	CM15-0182455		
Date Assigned:	09/23/2015	Date of Injury:	04/09/2002
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female who sustained an industrial injury on 4-9-02. The injured worker reported pain in the right elbow and bilateral knees. A review of the medical records indicates that the injured worker is undergoing treatments for internal derangement of bilateral knees status post right total knee replacement, medial and lateral epicondylar pain on the right elbow. Medical records dated 9-1-15 indicate "increasing pain with regard to right elbow from the use of a cane." Provider documentation dated 9-1-15 noted the work status as "The patient will return to work on the date of September 2, 205 doing her usual job." Treatment has included Oxycodone since at least March of 2015, Gabapentin since at least March of 2015, Opana since at least March of 2015, status post left total knee replacement (January 2015), status post right knee arthroscopy (2003 and 2004), Hyalgan injection to the left knee, and physical therapy. Objective findings dated 9-1-15 were notable for decreased right knee extension, "mild sensory dysfunction on dorsum the left foot in the distribution of the peroneal nerve." The original utilization review (9-2-15) partially approved a request for Opana extended release 20 milligrams quantity of 60 twice daily with 2 refills and Oxycodone 10 milligrams quantity of 60 with 2 refills. According to recent clinic records from the treating provider (March 2015) the IW has had significant improvement of both pain and functional capacity: "50% improvement of the patient's activities of daily living and around the clock pain" with opana ER and "40% improvement of patient's breakthrough pain and ADLs" with Oxycodone twice daily. UDS have been appropriate and there are no reported side effects. The patient is reportedly working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #60 bid with 2 refills: Overturned

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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as Opana. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate, there are no reported side effects, and no reported concerns of abuse. Total opioid dosage is with recommended upper dosage limit. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently, continued use of opioids is supported by the medical records and guidelines and is medically necessary.

Oxycodone 10mg #60 with 2 refills: Overturned

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, Opioids for chronic pain, Opioids, dosing.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of short-acting opioids such as Oxycodone. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate, there are no reported side effects, and no reported concerns of abuse. Total opioid dosage is with recommended upper dosage limit. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently, continued use of opioids is supported by the medical records and guidelines and is medically necessary.