

<b>Case Number:</b>	CM15-0020298		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	09/13/2003
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 48-year-old female, who sustained an industrial injury on 9/13/2003. The diagnoses have included medial meniscus tear of the left knee. Treatment to date has included heat, rest, elevation and medication. Currently, the IW complains of constant sharp, aching pain with weakness, popping, giving way and swelling in her left knee. Objective findings included left knee extension 0 (zero) degrees and flexion 130/130 degrees. There is no patellofemoral crepitus or patellar instability. There is tenderness over the medial joint line and a positive McMurray's test when loading the medial compartments. The compression/rotation test is positive for a meniscal tear. Magnetic resonance imaging (MRI) of the left knee dated 9/19/2014 showed a complex tear of the post horn of the medial meniscus. On 1/17/2015, Utilization Review modified a request for oxycodone 30mg #120 noting that the opioids are indicated for short-term use only per the guidelines and weaning is recommended. The MTUS was cited. On 2/3/2015, the injured worker submitted an application for IMR for review of oxycodone 30mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Oxycodone 30mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 30 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnosis is pain in joint lower leg. The documentation indicates the injured worker was using Oxycodone and Nucynta as far back as 2010. In 2013, the injured worker was taking Roxycodone. On March 20, 2014 the documentation indicates the injured worker was using Oxycodone. On January 6, 2015 injured worker was taking oxycodone 30 mg four times per day. The documentation does not contain a risk assessment. The documentation does not contain detailed pain assessments (with ongoing opiate use). The documentation does not contain evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Oxycodone 30 mg, Oxycodone 30 mg #120 is not medically necessary.