

Case Number:	CM15-0022338		
Date Assigned:	02/11/2015	Date of Injury:	04/15/2009
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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: 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 50-year-old male, with a reported date of injury of 04/15/2009. The diagnoses include chronic left knee pain, status post meniscal clean-out repair, bilateral ankle pain, bilateral shoulder pain, and chronic low back pain. Treatments have included oral medications and an x-ray of the left knee in 01/2013. The progress report dated 01/12/2015 indicates that the injured worker complained of bilateral knee and ankle pain. The objective findings were documented as no significant change. The treating physician requested Oxycodone 30mg #90 with one refill. The rationale for the request was not included. The progress report dated 11/07/2014 indicated that the objective findings showed ongoing tenderness to bilateral knees with crepitus, and a normal gait. On 01/28/2015, Utilization Review (UR) modified the request for Oxycodone 30mg #90 with one refill, noting that the pain assessment did not include the current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it took for pain relief, and how long the pain relief lasted. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30MG #90 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids for neuropathic pain Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports do not indicate that the injured worker is experiencing significant pain reduction and objective functional improvement as a result of treatment with chronic opioid pain medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 30MG #90 with 1 Refill is determined to not be medically necessary.