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| Case Number: | CM15-0223437 | | |
| Date Assigned: | 11/19/2015 | Date of Injury: | 02/05/2013 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/29/2015 |
| Priority: | Standard | Application Received: | 11/13/2015 |

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 28 year old male, who sustained an industrial injury on 2-5-13. The injured worker was diagnosed as having status post right total knee replacement; chronic pain due to trauma; peripheral neuropathy; opioid dependence. Treatment to date has included physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 10-21-15 indicated the injured worker complains of low back and right knee pain. The provider documents the pain intensity rating of "9 out of 10". The injured worker reports he "feels he can be pushed harder in therapy." The current medications are listed as " Oxycodone 20mg 1 tab every 4-5-day; Trazadone 50mg 1 half tab at bedtime; Prilosec 20mg 1 tab 2x a day and one half methadone tablet at bedtime. The pain intensity is documented as "7 out of 10". Physical activity is noted as "increased since he is driving, stooping, bending at the waist and knee with the knee brace on, standing and using his cameras for photography-video shots." The injured worker is a status post right total knee replacement (6-2-14) with an evacuation right knee hematoma (7-11-14). On physical examination, the provider documents "Gait-limping and he ambulates with a single point cane. Sensory is decreased with pin prick in the right calf region. Heel toe walking noted weakness in the right side heel walking dorsiflexors; right knee genuvalgum and recuatum." Impression per the provider: right total knee; opioid dependency; adjustment to disability; right peroneal and tibial neuropathies; right saphenous and sural neuropathies. His work status is working without restrictions full time as an independent contractor. The treatment plan includes: returning to "Work and Stay at Work Program"; continue "the Slow Opioid Taper Program" and refill of medications Oxycodone 20mg 4-5 times -day, Methadone 10mg at bedtime and Neurotin 400mg four times a day. PR-2 notes dated 9-22-15; 8-26-15 and 5-07-15 indicate the injured worker was prescribed Oxycodone 20 mg on these dates. A Request for Authorization is dated 11-9-15. A

Utilization Review letter is dated 10-29-15 and non-certification for Oxycodone tab 20mg QID #150. A request for authorization has been received for Oxycodone tab 20mg QID #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 20mg QID #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work. (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/21/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.