

Case Number:	CM15-0041067		
Date Assigned:	03/24/2015	Date of Injury:	02/07/2000
Decision Date:	04/17/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 48-year-old male, who sustained an industrial injury on February 7, 2000. The diagnoses have included lumbago low back pain and knee pain/ joint pain leg. Treatment to date has included pain medications. Currently, the injured worker complains of chronic back and knee pain. In a progress note dated January 13, 2015, the treating provider reports examination reveals knee is tender at joint line, positive patellar grind and positive McMurray's test, decreased range of motion the spine is tender at lumbar spine, facet joint and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria use for opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic low back and knee pain. Medications include oxycodone at a total MED (morphine equivalent dose) of 135 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is in excess of that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, the continued prescribing of oxycodone at this dose was not medically necessary.