

Case Number:	CM15-0042690		
Date Assigned:	03/12/2015	Date of Injury:	11/12/2010
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency 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 49 year old male, who sustained an industrial injury on 11/12/2010. Currently, the injured worker complains of his back pain being worse than the right radicular leg pain. He also describes right-sided ulnar aspect hand numbness and pain with some neck pain. The injured worker was diagnosed as having chronic pain; chronic low back pain with right sciatica; bilateral knee pain and right ankle pain. Treatment to date has included status post left knee arthroscopy with partial medial menisectomy/chondroplasty of medial femoral condyle (7/20/11); status post right knee arthroscopy with partial medial/lateral menisectomy, medial compartment chondroplasty femoral condyle (11/30/11); status post right total knee arthroplasty (11/30/12); MRI lumbar spine without contrast (8/22/13).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 15mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Oxy IR 15mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain being worse than the right radicular leg pain. He also describes right-sided ulnar aspect hand numbness and pain with some neck pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxy IR 15mg #120 is not medically necessary.