

Case Number:	CM15-0052409		
Date Assigned:	03/25/2015	Date of Injury:	02/23/2011
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury on 02/23/2011. Initial complaints reported included right knee pain after falling while carrying a large beam. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, conservative therapies, 3 right knee surgeries, injections, x-rays, and MRIs. Currently (per the progress report dated 03/06/2015 from the primary treating physician), the injured worker complains of worsening and constant bilateral knee pain (right greater than left), worsening right hip pain with a recent sharp anterior hip pain episode, and low back pain with radiating symptoms in the right lower extremity. The injured worker noted that the pain was affecting his ability to participate in everyday activities of daily living and participation in family activities. Diagnoses include internal derangement of the right knee with plans for a total knee replacement on 03/30/2015, low back pathology, right hip pathology and left hip pathology. The treatment plan consisted of a MRI of the right hip, new prescription for Percocet (as the Norco was reported to not agree with the injured worker), and follow-up. The medication list include Norco, Percocet and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80Criteria for use of Opioids Therapeutic Trial of Opioids.

Decision rationale: Request: Oxycodone/APAP 10/325mg, #90. Percocet contains acetaminophen and oxycodone which is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycodone/APAP 10/325mg, #90 is not medically necessary.