

Case Number:	CM15-0054342		
Date Assigned:	03/27/2015	Date of Injury:	06/02/2008
Decision Date:	05/20/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male who sustained an industrial injury on 06/02/2008. Diagnoses include lumbar stenosis, low back pain, status post L1-5 decompressive laminectomy with removal of epidural lipomatosis, partial medical facetectomies and bilateral foraminotomies on 06/12/2014, left knee arthroplasty on 12/04/2014, and bilateral knee chondromalacia. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, knee brace, and back brace. A physician progress note dated 02/04/2015 documents the injured worker is 2 months post-op from his left knee arthroplasty and has fairly good range of motion and the pain that he had before surgery is essentially gone when he walks. He uses a cane as needed. He is still having discomfort and decrease in function due to his back. It is difficult to fully extend his back as well as bend forward. He has generalized tenderness in the lumbar areas and movement is restricted in all directions. Back brace in place. Left knee has moderated swelling over the pre-patellar bursa with moderate infrapatellar tendon tenderness, and moderate anterior lateral joint line tenderness. Normal range of motion is noted. Right knee has moderate inferior patella tenderness, and normal range of motion. Treatment plan includes medication refill, physical therapy, and request for lumbar joint injection. Treatment requested is for 240 tablets of Hydrocodone/APAP 10/325mg, 30 tablets of Oxycodone 15mg, and 60 tablets of Oxycodone/APAP 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Oxycodone/APAP 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

240 tablets of Hydrocodone/APAP 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

30 tablets of Oxycodone 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The

records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.