

Case Number:	CM15-0055450		
Date Assigned:	03/30/2015	Date of Injury:	08/11/2009
Decision Date:	05/07/2015	UR Denial Date:	02/27/2015
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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 65 year old female, who sustained an industrial injury on 8/11/09. The injured worker was diagnosed as having chronic left knee pain post arthroplasty. Treatment to date has included home exercise program, left knee arthroplasty and oral medications including opioids. Currently, the injured worker complains of continuing left knee pain which increases with activity. The pain score was rated 3-8/10 on a scale of 0 to 10. Upon physical exam a mild limp and antalgic gait are noted, along with increased muscle spasm of left lumbar paraspinals. The treatment plan for the date of service 2/11/15 noted chiropractic treatment and Tylenol #4 as needed. The UDS showed the presence of Oxycodone and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg Qty 75.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Work Loss Data Institute, 5th edition, 2007 Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 43-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedatives. The records did not indicate that the patient failed treatment with NSAIDs and non opioid co-analgesics. There is no documentation of functional restoration with utilization of opioids. The criteria for the use of Oxycodone 5mg #75 were not met. Therefore is not medically necessary.