

Case Number:	CM15-0059665		
Date Assigned:	04/06/2015	Date of Injury:	07/10/1972
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 68-year-old male, who sustained an industrial injury on July 10, 1972. He reported chronic knee pain. The injured worker was diagnosed as having status post left total knee arthroplasty, degenerative joint disease of the right knee, scoliosis and bilateral foot drop. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, conservative therapies including physical therapy, medications and activity modifications. Currently, the injured worker complains of chronic knee pain. The injured worker reported an industrial injury in 1972, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted he required medications to maintain function. Evaluation on March 25, 2015, revealed continued pain. The plan included continuing physical therapy and home exercises. Medications were renewed and adjusted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 5 mg # 100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post left total knee arthroplasty; degenerative joint disease right knee; scoliosis; and bilateral foot drop. The medical record contains 36 pages. The date of injury is July 10, 1972 (42 years prior). There is no documentation of Oxycodone 5 mg prior to a February 3, 2015 progress note. On February 3, 2015, Oxycodone IR 5 mg #100 is refilled. The start date is unclear based on the documentation. Additionally, the documentation does not contain physical examinations or evidence of objective functional improvement. There were no risk assessments in the medical record and no detailed pain assessments in the medical record (with ongoing long-term opiate use). Consequently, absent compelling clinical documentation with objective functional improvement, Oxycodone 5 mg #100 is not medically necessary.