

Case Number:	CM15-0088508		
Date Assigned:	05/12/2015	Date of Injury:	01/05/2012
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

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: 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 61 year old male, who sustained an industrial injury on January 5, 2012. He reported a left knee injury. The injured worker was diagnosed as having a history of left knee medial meniscus disruption, right knee compensatory injury emanating from gait disturbance; status post left knee arthroscopy with medial and lateral meniscectomy, chondroplasty, and synovectomy in 2013 and left total knee arthroplasty on October 31, 2014. Diagnostic studies to date have included x-rays and urine drug screening. Treatment to date has included work modifications, a cane, a walker, postoperative viscosupplementation injections, a right knee steroid injection, a right knee hinged brace, postoperative physical therapy, a home exercise program, and medications including short-acting and long acting pain, anti-anxiety, and non-steroidal anti-inflammatory. On April 13, 2015, the injured worker complains of left total knee pain, instability, and "clunking". In addition, he complains of progressive right knee pain. In order to perform any activities of daily living he needs to use the provided medications. The physical exam of the left knee revealed a well-healing surgical incision, resolved swelling and effusion, good active range of motion, good strength with flexion, extension,, and moderate varus and valgus laxity with audible and palpable instability. The right knee exam revealed swelling and persistent provocative findings. The treatment plan includes Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Oxycontin 10mg #30 (DOS 04/13/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. The operative report dated 10/31/2014 documented left total knee replacement, correction of flexion contracture, ligament balancing to correct the varus-valgus loading, and lateral retinacular release for patellar subluxation. Postoperative diagnoses were severe osteoarthritis left knee, flexion contracture left knee, severe genu varus deformity. The primary treating physicians report dated 4/13/15 documented that the patient continues to have pain, clunking and instability in his left total knee, as well as progressive pain in his right knee. He does require the use of the provided medications in order to carry out any activities of daily living. He had left knee medial and lateral meniscectomy and chondroplasty in September 2014. He continued to struggle with left knee pain developing an antalgic gait and secondary right knee pain. The symptoms involving the right knee were felt to be a compensatory consequence in regards to the altered gait. A total knee arthroplasty was ultimately felt to be necessary because of the degree of persistent left knee pain. The surgery was ultimately performed on 10/31/2014. The patient remains concerned about his left total knee replacement feeling this knee is more substantially problematic, than his right knee despite the worsening right knee pain. He is status post left knee arthroscopy with medial and lateral meniscectomy, chondroplasty and synovectomy on 9/26/13. He has a history of right knee compensatory injury emanating from gait disturbance. He is status post left total knee arthroplasty on 10/31/2014. Ultram was prescribed. Oxycontin 10 mg 1 tablet by mouth two times a day #30 was prescribed. Benefit with medications was documented. Medical records document objective physical examination findings and active conditions. Medical records document regular physician clinical evaluations and monitoring. The request for Oxycontin is supported by the MTUS guidelines. Therefore, the request for Oxycontin 10mg #30 is medically necessary.