

Case Number:	CM15-0230955		
Date Assigned:	12/04/2015	Date of Injury:	01/07/2009
Decision Date:	01/15/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/24/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 69 year old female who sustained an industrial injury on 01-07-2009. A review of the medical records indicated that the injured worker is undergoing treatment for right knee bi-compartmental osteoarthritis, degenerative medial meniscus tear and loose body. The injured worker is status post left total knee replacement. According to the treating physician's progress report on 10-21-2015, the injured worker continues to experience right knee pain. Examination demonstrated moderate patellofemoral crepitus and range of motion from 0-90 degrees. The left knee was not tender and had full range of motion. Prior treatments regarding the right knee have included diagnostic testing, cortisone injections (2012) and on the latest on 07-14-2015. Current medications were not documented. Treatment plan was to have a right total knee replacement which was not authorized and the current request for OxyContin 20mg #20 and Norco 10mg-325mg #60 (post-operative medications according to the RFA dated 10-26-2015. On 11-03-2015 the Utilization Review determined the request for OxyContin 20mg #20 and Norco 10mg-325mg #60 were not medically necessary. Surgical intervention for a right total knee arthroplasty was not authorized and the pain medications were part of the post-operative requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 10/9/15) Online Version, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 01-07-2009. The injured worker has been diagnosed of r right knee bi-compartmental osteoarthritis, degenerative medial meniscus tear and loose body. The injured worker is status post left total knee replacement. Treatments have included left knee replacement, opioid medications. The medical records reveal these medications were part of the preoperative prescriptions, although the injured worker has been using opioids since at least 10/2014. The records reveal surgery has been cancelled, she has not worked since 2012, and there was no evidence of monitoring for pain, activities of daily living, adverse effects, and aberrant behavior. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The cancellation of surgery means the use of opioids for post-op purposes is no longer medically necessary. Additionally, it is not medically necessary to continue the use of opioids, since there has been no overall improvement with prior use; besides, the injured worker is not being monitored as recommended by the MTUS. The medical records provided for review reveals that Oxycontin 20mg #20 is not medically necessity.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 01-07-2009. The injured worker has been diagnosed of r right knee bi-compartmental osteoarthritis, degenerative medial meniscus tear and loose body. The injured worker is status post left total knee replacement. Treatments have included left knee replacement, opioid medications. The medical records reveal these medications were part of the preoperative prescriptions, although the injured worker has been using opioids since at least 10/2014. The records reveal surgery has been cancelled, she has not worked since 2012, there was no evidence of monitoring for pain,

activities of daily living, adverse effects, and aberrant behavior. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The cancellation of surgery means the use of opioids for post-op purposes is no longer medically necessary. Additionally, it is not medically necessary to continue the use of opioids, since there has been no overall improvement with prior use; besides, the injured worker is not being monitored as recommended by the MTUS. The medical records provided for review reveals that Norco 10/325mg #60 is not medically necessity.