MAXIMUS Federal Services

Case Number:	CM15-0237341		
Date Assigned:	12/14/2015	Date of Injury:	06/15/2011
Decision Date:	01/21/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/04/2015

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, California
Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 06-15-2011. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc herniation, left shoulder impingement syndrome with rotator cuff tear and arthritis of the bilateral knees. Treatment has included OxyContin (since at least 03-24-2015), physical therapy, home exercise program, bracing and surgery. MRI of the left knee on 10/30/15 was noted to show severe arthritis. On 09-10-2015, the worker reported that right knee was improving. Objective findings revealed about 125 degrees of flexion, quadriceps weakness and pain, tenderness, crepitation and mild swelling of the left knee with quadriceps weakness. Subjective complaints (10-30-2015) included left knee pain with limping, weakness and swelling. Objective findings (10-30-2015) included 1+ effusion of the left knee, medial and lateral tenderness, patellofemoral tenderness and crepitation, about 3 degrees short on full extension, about 110 degrees of flexion, limping, pain and quadriceps weakness. The physician noted that the worker's left knee was really bothering her and that she wasn't able to walk as much as she likes due to left knee pain. The worker was noted to have significant arthritic changes and left total knee arthroscopy was recommended. There is no documentation of pain ratings before and after the use of OxyContin and no documentation of least amount of pain, average pain, duration of pain relief and time it took for pain relief with the use of OxyContin. Requests for post-operative medications including OxyContin were submitted. A utilization review dated 11-17-2015 non-certified a request for post op meds: OxyContin 20 mg #20, 1 by mouth twice a day as needed for pain. The patient has previously tried medications including; Percocet, Norco, Lovenox, Colace, Restoril, OxyContin

and Celebrex. She has undergone left shoulder arthroscopy, subacromial decompression, repair of subscapularis and mini-Mumford procedure on 11-11-14 and right knee arthroplasty on 5-8-15. The current plan of care includes left total knee arthroplasty. She had physical therapy for this injury. She had a left knee MRI which revealed severe arthritis of the left knee; a MRI of the right knee which revealed severe arthritis with loose fragments. The patient had an EMG of the lower extremity that was normal. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Meds: OxyContin 20mg #20, 1 by mouth twice a day as needed for pain: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, specific drug list; Opioids, criteria for use of opioids.

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

Decision rationale: Criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The patient had diagnoses of lumbar disc herniation, left shoulder impingement syndrome with rotator cuff tear and arthritis of the bilateral knees. MRI of the left knee on 10/30/15 was noted to show severe arthritis. The patient had left knee pain with limping, weakness and swelling. Objective findings (10-30-2015) included 1+ effusion of the left knee, medial and lateral tenderness, patellofemoral tenderness and crepitation, about 3 degrees short on full extension, about 110 degrees of flexion, limping, pain and quadriceps weakness. Therefore the patient has chronic pain along with significant abnormal objective findings. She has undergone left shoulder arthroscopy, subacromial decompression, repair of subscapularis and mini-Mumford procedure on 11-11-14 and right knee arthroplasty on 5-8-15. The current plan of care includes left total knee arthroplasty. There was no evidence of aberrant behavior. The dose and quantity of the OxyContin prescribed was relatively small and it was for use as needed only for post operative pain. This medication is deemed medically appropriate and necessary. The request for Post-op Meds: OxyContin 20mg #20, 1 by mouth twice a day as needed for pain is medically necessary and appropriate for this patient at this time.