

Case Number:	CM14-0147838		
Date Assigned:	09/15/2014	Date of Injury:	07/14/2008
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who reported an injury on 07/14/2008 due to a slip and fall. The injured worker has diagnoses of right knee injury, degenerative arthritis of the right knee, and right knee arthroscopy. Past medical treatment consists of surgery, the use of a transcutaneous electrical nerve stimulation unit, physical therapy and medication therapy. The injured worker's medications include Atorvastatin, Diazepam, Synthroid, Milnacipran, Pamelor, Oxycodone, Oxymorphone, Compazine, Senna, and Ambien. No U/As or drug screens were submitted for review. On 01/21/2014, the injured worker complained of chronic pain. A physical examination revealed that the injured worker's physical findings were within normal range. The medication treatment plan is for the injured worker to continue the use of medication. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30MG #210: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Oxycodone Page(s): 78, 80 and 92..

Decision rationale: The request for Oxycodone 30mg #210 is not medically necessary. The California MTUS Guidelines recommend short acting opioids, such as Oxycodone, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The guidelines also state that assessment should include what pains levels were before, during, and after medication administration. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication. Additionally, there were no drug screens or urinalyses submitted for review. There was also no indication that the Oxycodone was helping the injured worker with functional deficits. Furthermore, there was no indication of the injured worker having adverse side effects of the medication. The request as submitted did not indicate a frequency or duration of the medication, so it is unclear as how many milligrams of morphine equivalence the injured worker is taking per day. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Oxymorphone ER 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Oxymorphone (Opana), Oxymorphone Extended Release (Opana ER), Page(s): 78, 93.

Decision rationale: The request for Oxymorphone ER 40 mg #60 is not medically necessary. The California MTUS Guidelines recommend short acting opioids, such as Oxycodone, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The guidelines also state that assessment should include what pains levels were before, during, and after medication administration. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication. Additionally, there were no drug screens or urinalyses submitted for review. There was also no indication that the Oxymorphone was helping the injured worker with functional deficits. Furthermore, there was no indication of the injured worker having adverse side effects of the medication. The request as submitted did not indicate a frequency or duration of the medication, so it is unclear as how many milligrams of morphine equivalence the injured worker is taking per day. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.