MAXIMUS Federal Services

Case Number:	CM14-0149635		
Date Assigned:	09/18/2014	Date of Injury:	10/02/2002
Decision Date:	11/26/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine and is licensed to practice in Ohio. 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 62-year-old female who appears to have had two dates of injury, October 2, 2002 and June 30, 2005. During the first injury she slipped on pizza grease causing an injury to her groin, hips, low back, and head. The second injury was brought about by a buckling of the right knee during normal job-related activities. Her diagnoses include lumbar degenerative disc disease, herniated lumbar disc, lumbar radiculopathy, chronic low back pain, cognitive disorder not otherwise specified, osteoarthritis of the knees, depression and anxiety, and status post right knee arthroplasty 2009. The injured worker continues to complain of low back pain, bilateral knee pain, and a burning type of pain to the feet. Her physical examination reveals tenderness to palpation of the musculature around the lumbar and cervical spine, diminished ranges of motion of these regions, hyperalgesia to the feet, positive straight leg raise testing bilaterally, and tenderness to both knees. Currently she is being evaluated for a left total knee replacement and a potential lumbar fusion surgery. She has been taking Percocet for pain among other medications. That medication quantity was recently reduced by the utilization review physician because of inadequate documentation. The documentation does reflect average pain levels, a range of pain levels, and the impact of pain on her functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg, #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78-80.

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

Decision rationale: The referenced guidelines call for ongoing assessment of pain relief, functionality, medication side effects, and aberrant drug taking behavior for those taking opioids chronically. Opioid medication may be continued if the injured worker has regained employment or has improved pain and functionality as a consequence of the opioid medication assuming the other criteria are met. In this instance, the injured worker's average pain levels have not changed over several months although there is one reference to pain levels doubling when she ran out of medication (early). There is more than one urine drug screen indicating the presence of marijuana for which she is not known to have a prescription. There appears to be no reference to CURES reports to monitor for duplicitous prescription seeking. There are general references to improved functionality at the conclusion of some progress notes, but specific references to such are not included in the injured worker's history or the chief complaint/subjective portions of the notes. As there appears to be no substantive change in the injured worker's symptoms over time as a result of the opioids, there does not appear to be improvements in functionality as a consequence of the opioids, there is presence of illegal substances in the urine samples (marijuana and methamphetamine), and there seems to be no CURES inquiries, the medical indications for continuation of oxycodone, is not established. Therefore, the request for Oxycodone 10mg, #70 is not medically necessary and appropriate.