

Case Number:	CM14-0149995		
Date Assigned:	09/18/2014	Date of Injury:	10/30/2013
Decision Date:	11/10/2014	UR Denial Date:	08/29/2014
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 Orthopedic Surgery, 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 claimant is a 30 year old male with reported industrial injury on 10/30/13. A MRI of the left knee from 12/11/13 demonstrates 7x7 mm area of poorly defined bone marrow edema in the central patellar, full thickness patellar chondromalacia and medial patellar plica. An exam note from 8/19/14 demonstrates ongoing parapatellar pain aggravated by bending. Pain is noted to be worse since knee arthroscopy in February 2014. An exam demonstrates slight loss of flexion with a small effusion. Exam note from 1/30/14 demonstrates daily use of Vicodin for knee pain. Exam demonstrates tenderness to palpation over the medial patellar facet.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin (Oxycodone Hydrochloride Controlled-Release) tab 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 72, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence

to support chronic use of narcotics. The patient has been on chronic opioids as documented on 1/30/14 without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the determination is considered not medically necessary.