

Case Number:	CM14-0168681		
Date Assigned:	10/16/2014	Date of Injury:	05/25/2001
Decision Date:	11/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopaedic Surgery, and is licensed to practice in Texas. 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 68 year old male with a date of injury on May 25, 2001. The injury occurred while he was hooking up an oil hose to a tank and injured his knees trying to stretch the hose. He underwent left revision total knee arthroplasty on May 15, 2014 and right total knee arthroplasty on August, 8, 2014. Records indicated that Oxycodone was prescribed as of June 25, 2014. The August 20, 2014 treating physician report recommended continued use of Oxycodone 30 mg 5 times a day #150. There was no documented assessment of pain or function. The September 16, 2014 treating physician report indicated that the injured worker had developed an infection and was using Keflex. The worker had a good, but partial response to treatment. Physical exam documented reduced right knee and bilateral shoulder range of motion with positive drop tests and tenderness in the medial right knee. There was reduced strength in the distribution of the bilateral femoral and suprascapular nerves with associated neurogenic atrophy bilaterally. There were right hand/shoulder and hip/foot syndromes, stage II with dystrophic right hand and right foot areas. The diagnosis included reflex sympathetic dystrophy right upper and lower extremities. The treatment plan recommended Oxycodone 30 mg 2 tablets three times a day #180 with no refills for relief of general discomfort. The September 23, 2014 utilization review denied the request for Oxycodone 30 mg #180 as the injured worker was previously authorized for Hydrocodone/acetaminophen 10/325 mg #60 on August 22, 2014 and there was no documented symptomatic or functional improvement from prior use. The October 1, 2014 treating physician report cited a good, but partial response to medication. There was no change in objective findings. There was no documentation of pain or functional assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 76-80.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines typically support the use of oxycodone for moderate to moderately severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met for on-going use of Oxycodone in the absence of guideline required documentation. Records indicated that Oxycodone had been prescribed since June 23, 2014 for relief of general discomfort. There was no pain or functional assessment, consistent with guidelines, to evidence the benefit of using this medication. In the absence of functional benefit, the medication should be discontinued. There is no indication of long-term use to indicate the necessity of weaning. Therefore, this request is not medically necessary.