

Case Number:	CM14-0095020		
Date Assigned:	09/15/2014	Date of Injury:	02/09/2004
Decision Date:	10/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational 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 claimant injured his left knee on 02/09/04. He has chronic pain. A prescription for oxycodone HCL 10 mg is under review. He saw [REDACTED] for persistent left knee symptoms on 05/09/14. He is status post meniscectomy and ACL surgery in the remote past and left total knee arthroplasty in 2012. He reports continued pain and difficulty with his activities. He has ongoing cramping and aching is for prolonged periods of time and has an antalgic gait. He has limited range of motion with flexion to 90 and an extension lag. He had no focal weakness. On 06/11/14, there is an appeal letter from [REDACTED]. The provider stated that he had tried non-opioid analgesics such as anti-inflammatories in the past. He had tried Celebrex, Arthrotec, and Ecotrin without much benefit. He had tried short-acting opioids such as Lorcet, Vicodin, and Percocet but continued to have pain. Therefore he was given a long-acting oxycodone. He reportedly signed an opioid pain contract on 04/29/14. Risks and side effects were discussed with him. He was having moderate-severe left knee pain and was incapable of crouching, crawling, kneeling, or squatting. He could not run and could not tolerate standing or walking for more than 15 minutes. He would be undergoing routine urine drug screens. Oxycodone HCL was requested as a long-acting opioid. On 06/23/04, anti-inflammatory medications were ordered. They were continued as needed on 07/16/14. He received Celebrex on 09/03/04 and it was continued on 09/24/04. He has attended physical therapy. He was released from [REDACTED] clinic on 07/13/05. Future medical care included anti-inflammatories, physical therapy, and surgery. On 11/22/10, anti-inflammatory medications were ordered again. He also was given continued Vicodin on 12/20/10. Arthrotec and Vicodin were continued on 01/17/11. On 02/14/11, [REDACTED] stated that Arthrotec did seem to help him. On 03/07/11, he was using anti-inflammatories on a regular basis and they were continued. He underwent left knee arthroplasty in January 2012. He was prescribed Percocet and Ecotrin on 01/13/12 which was postop. He

was still taking anti-inflammatories and narcotics on 03/07/12. On 07/11/13, weaning off Percocet was recommended. Tramadol was under consideration. Over-the-counter medications were also being considered. He was taking oxycodone 10 mg 4 times per day as of that date. Urine toxicology screening was negative for opiates and oxycodone. This is not explained. On 06/20/14, he was seen again for left knee pain. He was able to move better with oxycodone and sit longer and sleep better. His mood was better. He was taking 4 tablets daily of oxycodone and not more. [REDACTED] indicated that the initial drug screen was positive for oxycodone which was consistent and he signed a medication management agreement. Of note, the claimant was already on oxycodone when the drug screen was negative for oxycodone and this has not been explained. I was unable to find the actual urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCl 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110; 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, oxycodone HCl 10 mg #120. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. The claimant has used multiple NSAIDs in the past and the reasons for them to have been changed are not stated, including no history of intolerance or lack of effect. On several occasions, the NSAIDs were refilled. The MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of oxycodone is unclear including his pain level before and after and his level of functionality before and after each dose. There is no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. Also, the urine drug screen was not in the file. [REDACTED] indicated that the claimant was taking oxycodone on 05/09/14 and his drug screen was negative for oxycodone. It is not clear when the drug screen was done. Therefore, his compliance with the use of oxycodone on a regular basis is unclear. As such, the medical necessity of the ongoing

use of Oxycodone HCl 10 mg #120 has not been clearly demonstrated therefore, this request is not medically necessary.