

<b>Case Number:</b>	CM14-0098488		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/24/1994
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 New Jersey. 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 worker is a 54 year old male who was injured on 7/24/1994 involving his knees and lumbar spine after slipping and falling. He was diagnosed with meniscal tears of both the right and left knees, and lumbar spine pain. He was treated with an electrical stimulin unit, ice, heat, topical analgesics, . The worker was seen on 5/5/2014 by his primary treating physician complaining of continued neck pain, headaches, numbness/tingling in both his arms, bilateral shoulder pain, bilateral wrist/hand pain, low back pain, bilateral hip pain, and bilateral knee and ankle pain. He reported using a cane, hot and cold packs, and medication to help reduce his pain. He reported not working at the time. A discussion was had about planning for the already scheduled and approved left knee surgery/arthroscopy (6/18/14), for which the worker was recommended 12 sessions of physical therapy as well as oxycodone 10 mg # 120 (new medication). He was also recommended to continue his then current medications (not listed, but had been taking Norco, which was requested for refill).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #120 for the management of symptoms related to left knee injury:**  
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  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that have not already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids are not the first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. The MTUS Chronic Pain Medical Treatment Guidelines also state that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the request for a long-acting opioid (oxycodone) to be used for 2 months on top of Norco daily use, seems excessive if the intention was to have the worker use this medication following her arthroscopy procedure. If the intention was to increase her opioid doses in general for the purpose of better treating her overall chronic pain regardless of the upcoming surgical procedure, it also seems to be an excessive dose increase, and should have been a lower number of pills so that a close followup for side effects and effectiveness is able to take place. Either way, the request for oxycodone 10 mg #120 in this case is not medically necessary or appropriate.