

Case Number:	CM14-0143571		
Date Assigned:	09/12/2014	Date of Injury:	02/21/2002
Decision Date:	02/25/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 55 year old male with an injury date of 02/21/02. Based on the 07/23/14 progress report provided by treating physician, the patient complains of bilateral knee pain rated 7-8/10, and moderate to severe low back pain. Patient is not sleeping well because of the excruciating pain. Patient has an antalgic gait and uses a single point cane to ambulate. Physical examination to the lumbosacral spine on 07/23/14 revealed tenderness and spasm to the lumbar paravertebrals, worse at L4-L5. Flexion, extension and side tilt is restricted and painful. Straight leg raise test caused hamstring tightness. Examination to the knees revealed bilateral surgical scars. Current medications include Oxycodone, Norco, and Colace. Patient states that the constipation is somewhat controlled with medications. Oxycodone was prescribed in progress reports dated 02/11/14 and 07/23/14. Per progress report dated 07/23/14, treater refilled Oxycodone for severe pain. Patient is permanent and stationary. Diagnosis 07/23/14-Lumbar strain-Right knee strain-Left knee strain-Right foot sprain-Anxiety/stress-Depression-s/p right knee surgery The utilization review determination being challenged is dated 08/22/14. The rationale is "... the four A's were not met, analgesia, activities of daily living, adverse side affects and of abuse, addiction, and aberrant drug taking behaviors. The patient has been on opiate medication since 06/13, but there is no documentation supporting objective measures of functional improvement..." Treatment reports were provided from 02/11/14 - 07/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 Mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with bilateral knee pain rated 7-8/10, and moderate to severe low back pain. The request is for Oxycodone 30 MG #90. The patient is status post right knee surgery, date unspecified. Current medications include Oxycodone, Norco, and Colace. Patient states that the constipation is somewhat controlled with medications. Oxycodone was prescribed in progress reports dated 02/11/14 and 07/23/14. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 07/23/14, treater refilled Oxycodone for severe pain. In this case, treater has not appropriately addressed the 4A's as required by MTUS. Treater has not stated how Oxycodone decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding aberrant behavior, specific ADL's, etc. No UDS, CURES or opioid pain contracts were provided. No discussions of change in work status or return to work were provided, either. Given the lack of documentation as required by MTUS, continued use of this medication cannot be warranted. Therefore, the request is not medically necessary.