

<b>Case Number:</b>	CM14-0164285		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	01/22/2011
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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: Preventive Medicine, Occupational Medicine

### 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 54-year-old female who sustained an industrial injury on 01/22/07. Initial complaints and diagnoses are not available. Treatments to date include an Orthovisc injection into the right knee with near complete relief of right knee arthralgia. She last had a series of 3 Orthovisc injections in 02/14 with greater than 50 % relief of pain until 08/14. Treatments also include medications, multiple trigger point injections on 06/17/14 with 60% relief of the bilateral thoracolumbar paravertebral muscles, and increased ability to perform activities of daily living and her daily exercise program. She also has a Restore Sensor rechargeable pulse generator for neurostimulation. Diagnostic studies include several CT Arthrograms of the right knee, the last of which was before the Orthovisc injection on 09/02/14. One of the studies are available for review in the submitted documentation. Current complaints include increased right knee and unchanged low back pain, as well as left knee nonindustrial pain. Current diagnoses include right knee arthralgia, right knee degenerative osteoarthritis, complex regional pain syndrome right lower extremity, low back pain, multiple lumbar disc protrusions, right lumbar radiculopathy, sleep disturbance and depression, and right foot/ankle pain and tenderness. In a progress note dated 09/15/14 the treating provider reports the plan of care as continued medications including OxyContin, oxycodone, Tizanidine, Lyrica, and Lidoderm patches, as well as home exercise program, weight loss, walking program with pedometer, and the 2nd Orthovisc injection. The requested treatments include Oxycodone. The injured worker has decreased her dosage of OxyContin by 25 % since 07/21/14, with noted mild

pain increase and mild decrease in ability to perform activities of daily living. There has been no adjustment to the Oxycodone dose since at least 03/03/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone 5mg #90 certify for three months to allow time to wean the opioids further:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications Page(s): 124.

**Decision rationale:** MTUS Guidelines provide general recommendations for the weaning of opioids, but Guidelines give leeway for individual circumstances. This request is consistent with the Guideline recommendations as the treating physician is and has instituted tapering of her total opioid dose. The request for Oxycodone 5mg #90 certify for three months to allow time to wean the opioids further is supported by Guidelines and is medically necessary.