

<b>Case Number:</b>	CM14-0214832		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Texas, Ohio, 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:

FILE NUMBER: CM14-0214832  
 CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of October 18, 2011. In a Utilization Review Report dated November 21, 2014, the claims administrator partially approved a request for oxycodone, apparently for weaning or tapering purposes. The claims administrator referenced an RFA form of November 14, 2014 in its determination. In a progress note dated November 11, 2014, the applicant reported persistent complaints of knee, leg, neck, and shoulder pain. The applicant was using four to six oxycodone tablets daily. The applicant was status post unicompartamental knee replacement at an earlier point in time, it was acknowledged. Oxycodone was refilled. The applicant was placed off of work, on total temporary disability. The date of injury was not provided. There was no explicit discussion of medication efficacy evident on this date. In an earlier handwritten note dated November 4, 2014, the applicant was again described as having persistent complaints of knee and shoulder pain. The applicant was apparently given oxycodone at that point in time. Once again, no clear discussion of medication efficacy transpired. On September 23, 2014, the applicant was asked to consult a pain management doctor who could better address the need for pain medication. The applicant was given a refill of oxycodone. The attending provider stated that the applicant was having difficulty performing activities of daily living as basic as weightbearing, vacuuming, washing dishes, and lifting. The applicant was using six oxycodone tablets daily.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone refill 10mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** The request for oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing oxycodone usage. The applicant continues to report difficulty performing activities of daily living as basic as standing, walking, doing dishes, and doing household chores. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing oxycodone usage in his handwritten note dated November 4, 2014. Therefore, the request is not medically necessary.