

<b>Case Number:</b>	CM14-0050441		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/04/2006
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Practice, 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:

This is a 54 year old male patient who sustained a work related injury on 4/4/2006. He sustained the injury due to fall from a scaffold. The current diagnoses include bilateral knee pain, left knee fracture status post internal fixation and right knee fracture status post open reduction internal fixation and total knee arthroplasty x 2. Per the doctor's note dated 10/09/13 patient had complaints of bilateral knee pain. Physical examination revealed slow limping gait with cane. Per the doctor's note dated 4/8/14, patient has complaints of left knee pain at 1-2/10 and right knee pain at 4/10. Physical examination of the revealed limping gait, right knee swelling, tenderness on palpation, and 4/5 strength and unable to extend right knee fully. The medication lists include Norco, Wellbutrin, Gabapentin, Cymbalta and OxyContin. The patient has had X-ray of the left and right knee on 2/7/14 that revealed small joint effusion and osteoarthritis; MRI of the low back on 5/6/2009 that revealed diffuse lumbar spondylosis and disc bulging at the L3-4 and L4-5 levels, hypertrophic changes in the facets at the L4-5 level; Cervical MRI on 5/6/09 that revealed C5-6 level a diffuse disc bulge; Chest CT with contrast on 4/10/06 that revealed subsegmental embolus within the posterior branches of the left lower lobe pulmonary artery. The patient's surgical history include internal fixation of the left knee fracture; open reduction internal fixation of the right knee fracture and total knee arthroplasty x 2. The patient has received an unspecified number of PT visits for this injury. The patient has used cane for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Oxycontin 20mg #60 for 11/09/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; CRITERIA FOR USE OF OPIOIDS; Therapeutic Trial of Opioids Page(s): 76.

**Decision rationale:** Oxycontin 20mg #60 for 11/09/13 is an opioid analgesic According to CA MTUS guidelines cited below, "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." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycontin 20mg #60 for 11/09/13 is not established for this patient.