

<b>Case Number:</b>	CM15-0006630		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on 12/18/2008. He has reported subsequent knee pain and was diagnosed with severe tri-compartmental osteoarthritis of the right knee. Treatment to date has included oral pain medication. In a progress note dated 12/12/2014, the injured worker complained of 6-7/10 knee pain without medications and 3-4/10 pain with medications. Objective physical examination findings were notable for moderate pre-patellar effusion of the right knee, marked crepitus over the knee joints and tenderness of the medial joint line. Requests for authorization of Oxycodone, Anaprox and Methoderm refills were made. On 12/19/2014, Utilization Review modified requests for Oxycodone IR 50 mg to 1 to 2 tablets four times a day #32, and Oxycodone IR 30 mg to 1 tablet twice a day #8, noting that there was lack of evidence of efficacy. Utilization review non-certified requests for Anaprox, noting that there was a lack of evidence that a first line therapeutic agent was attempted and had failed and Methoderm topical gel, noting that there was lack of evidence that a trial of antidepressants and anticonvulsants had been attempted. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 50mg #64:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Opioids Page(s): 76-80,86.

**Decision rationale:** The request for Oxycodone 50 mg number 64 is not medically necessary. The injured worker reported injury on 12/18/2006 due to undocumented mechanism of injury. The California Medical Treatment Utilization Schedule guideline states that the follow this criteria for use of opioids which domains have been summarized as the "4 A's". The documentation did provide pain level with and without medication and documented having a drug screen on file; however, it failed to mention the injured workers function level as well as any adverse effects to the medication; which is not consistent with the guidelines. As such, the request is not medically necessary.

**Oxycodone IR 30mg #16:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 86.

**Decision rationale:** The request for Oxycodone 30mg number 16 is not medically necessary. The injured worker reported injury on 12/18/2006 due to undocumented mechanism of injury. The California Medical Treatment Utilization Schedule guideline states that the follow this criteria for use of opioids which domains have been summarized as the "4 A's". The documentation did provide pain level with and without medication and documented having a drug screen on file; however, it failed to mention the injured workers function level as well as any adverse effects to the medication; which is not consistent with the guidelines. As such, the request is not medically necessary.

**Anaprox 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 111,22.

**Decision rationale:** The request for Anaprox 550 mg number 60 is not medically necessary. The injured worker reported injury on 12/18/2006 The California Medical Treatment Utilization Schedule guideline states that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The guidelines also state that NSAIDS are recommended at the lowest dose for the

shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. As such, the request for Anaprox 550 mg number 60 is not medically necessary.

**Menthoderm topical gel x 2 bottles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Mentoderm topical gel for two bottles is not medically necessary. The injured worker reported the injury on 12/18/2006 and there was no documentation as to what the mechanism of injury was. California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental in use and with few randomized controlled trials to determine efficacy or safety. There is lack of evidence of attempts of trials of anti-depressants and/or anticonvulsants have failed. Therefore the request for 2 bottles of Mentoderm is not medically necessary.