

Case Number:	CM15-0103244		
Date Assigned:	06/05/2015	Date of Injury:	12/29/2008
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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

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 52 year old female who sustained an industrial injury on 12/29/2008. Current diagnoses include pain disorder related to psychological factors, internal derangement of knee, major depressive disorder, and knee/lower leg degenerative joint disease. Previous treatments included medications, right wrist surgery, cortisone injections, left knee surgery, physical therapy, and home exercise program. Report dated 05/11/2015 noted that the injured worker presented with complaints that included bilateral knee pain with increased pain in the right knee after falling. It was noted that the injured worker increased her Oxycodone due to the increased right knee pain. Pain level was 9 out of 10 (present), 7 out of 10 (least), and 10 out of 10 (worst) on a visual analog scale (VAS). Physical examination was positive for facet tenderness in the L3-S1 region, palpable twitch positive trigger points in the lumbar muscles, range of motion in the lumbar spine causes pain, mild swelling and pain along the medial aspect of the knee, positive impingement sign, and antalgic gait. The treatment plan included prescribing Oxycontin, and provided oxycodone. Disputed treatments include Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue & discontinue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycontin 20mg #60 is not medically necessary and appropriate.