

Case Number:	CM15-0017256		
Date Assigned:	02/05/2015	Date of Injury:	02/11/2009
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 2/11/09. He has reported left knee pain. The diagnosis is degenerative joint disease. Treatment to date has included left total knee arthroplasty in 2009, oral medications, right knee injections and physical therapy. X-ray of left knee dated 1/6/12 noted moderate joint effusion and no evidence of equipment application and x-ray of right knee dated 1/6/12 noted mild degenerative changes of right knee. Currently, the injured worker complains of bilateral knee pain. Progress note dated 12/1/14 revealed pain level has been about the same or slightly better since previous visit. Tenderness is noted on exam of bilateral knees and sensory exam is normal. On 1/12/15 Utilization Review non-certified Oxycodone 10mg #150 with 1 refill, Tizanidine 4mg #90 with 1 refill and OxyContin 20mg #30 with 1 refill, noting the lack of documentation of a recent drug screen to document nonadherent drug-related behaviors. The MTUS, ACOEM Guidelines, was cited. On 1/16/15, the injured worker submitted an application for IMR for review of Oxycodone 10mg #150 with 1 refill, Tizanidine 4mg #90 with 1 refill and OxyContin 20mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence that this full review was completed, including a detailed and measurable functional assessment as well as pain levels with and without the use of oxycodone 10 mg. Therefore, without this evidence of benefit and due to the request not having any number of pills included, the oxycodone will be considered medically unnecessary.

Tizanidine 4 mg with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker who complained of chronic bilateral knee pain, he was treated with tizanidine chronically leading up to this request, which is not recommended for this class of medication. Also, there was no evidence of significant muscle spasm which might have warranted a short course of treatment with a muscle relaxant. Also, there was no number of pills included in the request. Therefore, the tizanidine will be considered medically unnecessary.

Oxycontin 20 mg with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence that this full review was completed. Although the worker reported improved sleep with nightly use of Oxycontin 20 mg, there was insufficient reporting of more detailed and measurable functional assessment as well as pain levels with and without the use of Oxycontin 20 mg. Therefore, without this evidence of benefit and due to the request not having any number of pills included, the Oxycontin will be considered medically unnecessary.