

Case Number:	CM15-0113482		
Date Assigned:	06/19/2015	Date of Injury:	05/07/2001
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 50 year old male who sustained an industrial injury on 05/07/2001. Diagnoses include knee joint pain and pain in joint of unspecified site. Treatment to date has included diagnostic studies, status post bilateral total knee arthroplasty, and revision of the left knee, use of knee brace, surgery, medications, and physical therapy. He is not working. A physician progress note dated 04/20/2015 documents the injured worker complains of pain in the right knee. He has tenderness to palpation on g the lateral aspect of the knee-lateral collateral ligament and hamstring insertion. He has pain along the left knee, right knee, left ankle and right ankle. He reports his knee gives out at times and he fell recently. He rates his pain as 3 out of 10 with his medications which allows for improved function and mood. Without his medications he rates his pain as a 6 out of 10 and he does not function as well and reported decreased activity and impaired ability to sleep. He also complains of joint pain and stiffness, swelling and tingling. He ambulates with a limp and uses a cane. The treatment plan includes continuing a healthy diet, a daily home exercise program and he is to follow up for referrals and other scheduled appointments. Treatment requested is for 1 prescription of Colace 100mg #60 with 3 refills, and 1 prescription of Oxycodone HCL 15mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Colace 100mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>.

Decision rationale: Pursuant to drugs.com, Colace 100 mg #60 with three refills is not medically necessary. Docusate (Colace) is used to relieve occasional constipation and prevent dry, hard stools. Colace is a stool softener. In this case, the injured worker's working diagnoses are knee joint pain; and payment joint unspecified site. Date of injury is May 7, 2001 (15 years ago). A progress note dated March 5, 2013 shows the injured worker's medications include oxycodone HCl 30 mg OxyContin 20 mg, Colace 100 mg, Lidoderm 5%, flector patch, Neurontin and Senna. According to an April 20, 2015 progress note, the injured worker subjectively complains of bilateral knee pain and bilateral ankle pain. There is no documentation indicating constipation persists or is worsening. There is no clinical documentation demonstrating objective functional improvement with Colace. Additionally, the injured worker takes a second stool softener, senna. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Colace, Colace 100 mg #60 with three refills is not medically necessary.

1 prescription of Oxycodone HCL 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone HCl 15 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are knee joint pain; and payment joint unspecified site. Date of injury is May 7, 2001 (15 years ago). A progress note dated March 5, 2013 shows the injured worker's medications include oxycodone HCl 30 mg OxyContin 20 mg, Colace 100 mg, Lidoderm 5%, flector patch, Neurontin and Senna. According to an April 20, 2015 progress

note, the injured worker subjectively complains of bilateral knee pain and bilateral ankle pain. The medication section of a progress note dated April 20, 2015 states Oxycodone 15 mg is to be taken as needed. Oxycodone is a long-acting opiate not clinically indicated for PRN use. Additionally, there is no documentation demonstrating objective functional improvement. The treating provider has prescribed oxycodone, at a minimum, in excess of two years. The start date is unspecified medical record. There are no detailed pain assessments in the medical record. There is no attempted opiate weaning in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing, long-term use of Oxycodone 15 mg (start date unspecified, injury 15 years old), detailed pain assessments and attempted opiate weaning, Oxycodone HCl 15 mg #180 is not medically necessary.