

Case Number:	CM15-0114838		
Date Assigned:	06/23/2015	Date of Injury:	07/05/2012
Decision Date:	07/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64-year-old female who sustained an industrial injury on 07/05/2012. Current diagnoses include pain in joint involving lower leg and knee joint replacement. Previous treatments included medications, right knee replacement in 04/2014, left knee replacement in 02/2015, and physical therapy. Report dated 05/15/2015 noted that the injured worker presented with complaints that included pain in the left knee and right knee discomfort. Pain level was not included. Physical examination revealed an appropriate gait with the use of a cane, mostly for stability, left knee has no redness and appropriate tenderness and has increasing range of motion, no effusion, and more edema in the left lower extremity than right. Medication regimen included lidocaine topical cream, lidocaine patches, tramadol, and Compazine. The treatment plan included recommendation for weight reduction, and Oxycodone IR as needed for pain. It was documented that the injured worker was previously taking hydromorphone, but this made her feel funny in the head and does not like it. It was also noted that hydrocodone gives her nausea. Disputed treatments include Oxycodone IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids, Opioids for chronic pain, and Oxycodone immediate release Page(s): 74-82, 92.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The documentation submitted supports that the injured worker has tried hydromorphone and hydrocodone noting adverse effects with use. The documentation submitted did not contain the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of oxycodone medical records dated 6/19/2015 reveal that the injured worker did not fill the last prescription for oxycodone and has stopped taking it. Therefore, the request for Oxycodone IR 10 mg, #70 is not medically necessary.