

Case Number:	CM15-0121580		
Date Assigned:	07/02/2015	Date of Injury:	04/15/2009
Decision Date:	09/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 51 year old male, who sustained an industrial injury on April 15, 2009 while working as a laborer. The injury occurred when a metal stud jammed his left knee causing a puncture wound and knee pain. The documentation also notes that the injured worker had prior industrial injuries in 1996 which required surgery for a left meniscal tear and right ankle chip removal. In 1996 the injured worker also was involved in a motor vehicle accident in which he developed low back pain. The diagnoses have included chronic left knee pain, chronic right knee pain, bilateral ankle pain, bilateral shoulder pain, chronic low back pain, bilateral knee degenerative joint disease, plantar fasciitis, anxiety and depression. Treatment and evaluation to date has included medications, radiological studies, MRI, urine drug screen, physical therapy and a left knee meniscal cleanout repair in 2011. The injured worker is working with modified duty. Current documentation dated May 1, 2015 notes that the injured worker reported ongoing bilateral knee and ankle pain. The injured worker was noted to be doing well on his current medications. Medications included Oxycodone, Prilosec, Soma, Trazadone and Colace. The medication documentation had not changed from the prior visit. The treating physician's plan of care included a request for Oxycodone 30 mg # 135 with 1 refill (second prescription written do not fill until 6/1/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tablets 30mg quantity 135 with one refill (second prescription written for do not fill until 6/1/15): 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): 74-96.

Decision rationale: In regards to the medication Oxycodone the California MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." In this case, the injured worker continued to have chronic bilateral knee and ankle pain. The injured worker was also noted to be working with modified duties. However, the injured worker has been on Oxycodone for at least four months. No functional improvement as a result of use of the Oxycodone was noted. The documentation shows no change in work restrictions for this injured worker with use of Oxycodone. There was no documentation of improvement in specific activities of daily living as a result of use of Oxycodone. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of Oxycodone. Due to lack of detailed pain assessment, lack of documentation of improvement in pain and lack of documentation of functional improvement, the request for Oxycodone is not medically necessary.