

<b>Case Number:</b>	CM15-0126920		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Georgia, California, Texas

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 10/13/2011 resulting in back and bilateral knee pain. She was diagnosed with bilateral knee pain, joint pain, and long term use of pain medication. There is no provided documentation of past treatment except pain medication from which she reports pain relief and enabling her to perform activities of daily living. The injured worker continues to report chronic bilateral knee pain and limited mobility. The treating physician's plan of care includes eventual total knee replacements and continued use of Norco and Oxycontin. She is not presently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

**Decision rationale:** For chronic pain, MTUS supports use of an extended-release opioid with an immediate-release opioid for treatment of episodes of breakthrough pain. The injured worker's longstanding medications include OxyContin, Norco, and ibuprofen. She is awaiting knee joint replacement. Per 06/09/15 office note, pain level is 4/10 with medication. The injured worker reports that medications reduce pain. Per the treating physician, without medications she is stuck in bed. With medications she is able to do housework, to do laundry on a limited basis, and manage her medications and activities of daily living. She reports some constipation. 05/19/15 urine drug screen was consistent with the prescribed medications. MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The "4 A's" appear to be met in this case. The requested Norco is consistent with MTUS recommendations. The request is medically necessary.

**Oxycontin 20mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

**Decision rationale:** For chronic pain, MTUS supports use of an extended-release opioid with an immediate-release opioid for treatment of episodes of breakthrough pain. The injured worker's longstanding medications include OxyContin, Norco, and ibuprofen. She is awaiting knee joint replacement. Per 06/09/15 office note, pain level is 4/10 with medication. The injured worker reports that medications reduce pain. Per the treating physician, without medications she is stuck in bed. With medications she is able to do housework, to do laundry on a limited basis, and manage her medications and activities of daily living. She reports some constipation. 05/19/15 urine drug screen was consistent with the prescribed medications. MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The "4 A's" appear to be met in this case. The requested OxyContin is consistent with MTUS recommendations. The request is medically necessary.