

Case Number:	CM15-0179354		
Date Assigned:	09/21/2015	Date of Injury:	04/15/2009
Decision Date:	10/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 4-15-2009. The injured worker was diagnosed as having chronic left knee pain, status post meniscal cleanout repair in 6-2011 (x-rays 1-2013 showed "degenerative changes worse on the right side"), chronic right knee pain (x-ray 1-13 "showed degeneration"), bilateral shoulder pain, industrially disputed, anxiety and depression due to chronic pain, and chronic low back pain, industrially disputed. Treatment to date has included diagnostics, left knee surgery, and medications. Currently (8-21-2015), the injured worker complains of ongoing bilateral knee and ankle pain, rated 4 out of 10 with medications (unchanged 6-26-2015, not rated on 5-01-2015) and 10 without. He was able to stand and walk for longer periods with medication use. He was having gastrointestinal upset with Relafen and wished to try something else. Celebrex was recommended. Objective findings noted "no significant change." Current medications included Oxycodone 30mg three times daily, Prilosec, Soma, and Trazodone. His work status was modified. Urine toxicology (1-2015) was positive for Oxycodone. A previous progress report (9-13-2012) noted the use of Oxycodone 30mg (2.5 to 3 tablets daily). The treatment plan included continued Oxycodone 30mg #90 with a second prescription (do not dispense until 9-21- 2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg Qty 90, DND (do not dispense) until 9/21/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 8/21/15 it was noted that the injured worker rated his pain 4/10 with medications, 10/10 without. It was noted that he is able to stand and walk 15-20 minutes with medications, versus 10 minutes or less without. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per the medical records, it was noted that UDS performed 1/12/15 was consistent with prescribed medications. However, the injured worker's 30mg oxycodone t.i.d. is 135 morphine equivalent dose exceeds the guidelines recommendation of 120MED. As such, the request is not medically necessary.