

Case Number:	CM15-0063965		
Date Assigned:	04/09/2015	Date of Injury:	07/05/2012
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male, who sustained an industrial injury on 07/05/2012. He reported swollen, tender, burning, deep ache at the medial part of the knee and pain with weight bearing. Treatment to date has included x-rays, MRI, medications and knee surgery. According to a progress report dated 02/25/2015, the injured worker was feeling better with Methadone and was walking 1-2 miles every day. The provider noted that knees swelled and ached but was resolved with rest. Medications included Methadone, Oxy IR 30mg, Ibuprofen and Aspirin. Last urine drug screen was on 12/07/2012. Pain contract was noted as 02/25/2015. Last CURES report was 01/20/2015 and appropriate. Average pain level was rated 3 on a scale of 1-10. Current pain level was rated 1-2. With medications pain was rated 1 and without medications was 10. Activities of daily living were improved and there were no signs of aberrant behavior. Diagnoses included chronic bilateral knee pain. Treatment plan included Methadone, Oxy IR 30mg, Ibuprofen and Aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Of Oxy IR 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic bilateral knee pain. He was walking 1-2 miles per day and was having knee swelling and aching which would resolve with rest. Medications include methadone and OxyIR at a total MED (morphine equivalent dose) of over 700 mg per day. Medications are reported as decreasing pain from greater than 10/10 to 1-2/10. In this case, the claimant describes somewhat predictable activity related pain (i.e. incident pain) when standing and walking. OxyIR is an immediate release medication often used for intermittent or breakthrough pain. However, the claimant is also being prescribed methadone at the above MED. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is well in excess of that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support the total MED being prescribed. Therefore, this medication was not medically necessary.