

Case Number:	CM15-0066714		
Date Assigned:	04/14/2015	Date of Injury:	07/20/2010
Decision Date:	05/13/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/07/2015

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

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 44-year-old male, who sustained an industrial injury on 07/20/2010. He has reported injury to the left low extremity and low back. The diagnoses have included right knee and right ankle ankylosis; right knee arthritis; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, splinting, ice/heat, massage, injections, aqua therapy, physical therapy, and surgical interventions. Medications have included Oxycontin, Gabapentin, Norco, Ibuprofen, and Cymbalta. A progress report from the treating provider, dated 02/04/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain and bilateral lower extremity symptoms; ongoing pain and limited motion in the left knee; pain is rated at 7-10/10 on the visual analog scale without medications, and rated 3-4/10 with medications. Objective findings included mildly antalgic gait with the use of a cane; decreased, painful range of motion of the right hip, knee, and ankle; right knee brace is present; and right knee tenderness to palpation. The treatment plan has included the request for prescription medications: Oxycontin 40 mg; and Oxycontin 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioid medications when there is meaningful pain relief, functional support and the lack of drug related aberrant behaviors. These standards are met with this individual. It is clearly documented that the medications improve the pain levels by 50% and allow for increased activities such as walking. CURES reports have been performed and there are no behaviors of consistent with misuse. The Combination of 40mg and then 30mg. of Oxycontin is supported by Guidelines. The Oxycontin 40mg. is medically necessary.

Oxycontin 30mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to Continue Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioid medications when there is meaningful pain relief, functional support and the lack of drug related aberrant behaviors. These standards are met with this individual. It is clearly documented that the medications improve the pain levels by 50% and allow for increased activities such as walking. CURES reports have been performed and there are no behaviors of consistent with misuse. The Combination of 40mg and then 30mg of Oxycontin is supported by Guidelines. The Oxycontin 30mg. is medically necessary.