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| Case Number: | CM15-0067448 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 10/16/2006 |
| Decision Date: | 05/27/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 04/09/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 63 year old male who sustained an industrial injury on 10/16/2006. The injured worker was diagnosed with lumbar postlaminectomy syndrome, degenerative joint disease of the left knee and chronic pain syndrome. Treatment to date includes multiple knee revisions and total knee replacements, spinal surgeries, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, occipital nerve blocks, epidural steroid injection (ESI) injections, heat treatments, back and knee braces and medications. The injured worker is status post multiple knee surgeries, the latest a left total knee replacement in 2008, multiple fusions with extensions from T10 to S1 in 2010 and T8-T12 revision and extension in February 2012 and a cholecystectomy in September 2014. According to the primary treating physician's progress report on January 9, 2015, the injured worker continues to experience pain in his spine which radiates into the upper and lower extremities. To a lesser extent he reports left sided abdominal pain and left wrist, hand and left knee pain. In the left wrist he reports tingling, numbness, weakness and swelling. The right upper and lower extremities he has tingling and in the left lower extremity weakness, swelling and tingling were reported. He also reports weekly headaches. Physical examination of the abdomen revealed a tender prominence in the left upper quadrant. The lower back was slightly tender with moderate paraspinal muscles spasm. He has an antalgic gait favoring the left lower extremity with decreased motor testing of the hip. Current medications are listed as OxyContin, Cymbalta, Omeprazole, Gabapentin, Clonazepam, Sinemet and Ropinirole. Treatment plan consists of continuing with medication regimen and the current request for OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127, as well as the Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are not 1st line for mechanical or compressive etiologies. The claimant had been on Oxycontin for several months. Although it allows the claimant to be functional, pain scores have increased over time. In addition, the dosage exceeds the daily morphine equivalent of 120 mg daily. There is no mention of attempted taper attempt. The continued use of Oxycontin as above is not medically necessary.