

Case Number:	CM15-0077771		
Date Assigned:	04/29/2015	Date of Injury:	11/20/1995
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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: Physical Medicine & Rehabilitation

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 was a 72 year old female, who sustained an industrial injury, November 20, 1995. The injured worker previously received the following treatments home health services, home physical therapy, left knee arthroscopic surgery September 22, 2014, postoperative left knee x-rays, home exercise program, MS Contin, Aspirin, Norco, Lopressor, Zolpidem, Omeprazole, random toxicology laboratory studies and left knee brace after TKR. The injured worker was diagnosed with chronic pain syndrome, left total knee replacement, postoperative left foot drop, osteoarthritis and disorder of the hip joint, degeneration of the lumbar intervertebral disc and arthropathy of the knee joint. According to progress note of January 6, 2015, the injured workers chief complaint was left knee pain. The injured worker rated the back pain 8 out of 10 without pain medication. The injured worker rated the knee pain at a severity of 8 out of 10 worst pain was 10 out of 10; 0 being no pain and 10 being the worse pain. There were associated symptoms of weakness and swelling. The treatment plan included prescriptions for Hydrocodone and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin tab, 20 mg CR (controlled release), (30 day supply) Qty 60 with 0 refills:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The OxyContin tab, 20 mg CR (controlled release), (30 day supply) Qty 60 with 0 refills is not medically necessary and appropriate.

Hydroco/ APAP (acetaminophen) tab 10/325 mg, (30 day supply) Qty 120 with 0 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Hydroco/ APAP (acetaminophen) tab 10/325 mg, (30 day supply) Qty 120 with 0 refills is not medically necessary and appropriate.