

Case Number:	CM14-0142940		
Date Assigned:	09/15/2014	Date of Injury:	03/16/2008
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female who reported an injury on 04/16/2008 due to a slip and fall. On 03/13/2014 the injured worker presented with complaints related to the lumbar spine and ankle. The diagnoses were status post left knee arthroscopic surgery in 2007; status post left knee arthroscopic medial meniscectomy of the posterior horn, posterior 1/3 medial meniscus, partial meniscectomy middle third lateral meniscus with excision, and medial plica shaving of cartilage medial compartment and patellofemoral synovectomy in 2008; status post decompressed laminectomy with fusion in 2014; lumbar strain; lumbar radiculopathy; sprain and strain of the knee and leg; and sprain and strain of the ankle. The physical examination was not provided. A current medication list was not provided. The provider recommended OxyContin 10 mg ER with a quantity of 60 provided on 07/16/2014. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg CR #60, provided on 7/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, opioids are recommended for the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.