

<b>Case Number:</b>	CM13-0003219		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/01/2005
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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 physician 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:

48 year old male injured worker with date of injury 2/1/05 and has been diagnosed with pain in ankle joint, bone infection NOS of ankle, hypertension, impotence, psychogenic pain NEC and congenital anomaly of the lower limb. The injured worker was noted to have difficulty standing and walking. CT scan of left foot done 5/7/12 showed status post ankle and hind foot fusion. He is refractory to physical therapy, medications, and surgery. The UR determination date was 8/1/13. 8/28/2013 [REDACTED] wrote an appeal to the 8/1/13 UR determination. The most recent record available to me is dated 11/19/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80 mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79.

**Decision rationale:** The UR physician denied this medication on the grounds that at that time the patient was utilizing more than the 150 mg of morphine equivalent which is the discussed recommended ceiling in the MTUS guidelines. MTUS acknowledges that this ceiling is flexible

pending evaluation by a pain management specialist. In this case the primary treating physician is a pain management specialist. The medication has facilitated clear functional improvements including activities of daily living and sustainment of an independent lifestyle. On 8/28/13, ■■■■■ wrote "Clear functional improvements including activities of daily living, ability to stand and walk and maintain an independent lifestyle without nursing assistants is possible with medication and probably would not be possible without medication". Per the medical record of monthly visits to the treating provider spanning 8/13-11/13 the patient reports no adverse effects. Finally, urine drug testing completed 11/13 and DEA report ruled out substance misuse, addiction, or other aberrant drug related behavior. Satisfaction of the four domains for monitoring patients on chronic opioid treatment (the "Four A's") support that this patient is a candidate for chronic opiate therapy, with the stated goal being to avoid bilateral ankle fusion for as long as possible (as bilateral ankle fusion will significantly reduce his function and ROM from an anatomical perspective).

**Opana IR 10 mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79.

**Decision rationale:** The UR physician denied this medication on the grounds that at that time the patient was utilizing more than the 150 mg of morphine equivalent which is the discussed recommended ceiling in the MTUS guidelines. MTUS acknowledges that this ceiling is flexible pending evaluation by a pain management specialist. In this case the primary treating physician is a pain management specialist. The medication has facilitated clear functional improvements including activities of daily living and sustainment of an independent lifestyle. On 8/28/13, ■■■■■ wrote "Clear functional improvements including activities of daily living, ability to stand and walk and maintain an independent lifestyle without nursing assistants is possible with medication and probably would not be possible without medication". Per the medical record of monthly visits to the treating provider spanning 8/13-11/13 the patient reports no adverse effects. Finally, urine drug testing completed 11/13 and DEA report ruled out substance misuse, addiction, or other aberrant drug related behavior. Satisfaction of the four domains for monitoring patients on chronic opioid treatment (the "Four A's") support that this patient is a candidate for chronic opiate therapy, with the stated goal being to avoid bilateral ankle fusion for as long as possible (as bilateral ankle fusion will significantly reduce his function and ROM from an anatomical perspective).