MAXIMUS Federal Services

Case Number:	CM13-0020989		
Date Assigned:	10/11/2013	Date of Injury:	07/25/2000
Decision Date:	01/30/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 45 year old male with a date of injury of 7/25/2000. The provider's report from 8/12/13 lists diagnoses of plantar fasciitis and peripheral neuropathy. The patient is working 12 hours per day on his feet repairing refrigerators in a large plant. There were two attempts in the past to wean medications without success. The 8/14/13 report indicates pain in both feet, tender soles of both feet, with plantar fasciitis. Oxycodone and methadone were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg 2 tabs 3 times a day (#180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: The provider has been prescribing Oxycodone and Methadone for quite a long time. Review of the reports from 1/11/13 to 8/12/13 indicate that there is lack of adequate documentation to warrant continued use of high doses of opioids. The treatment notes only report feet pain, with tender feet. The patient is working long hours and appears to be full time.

The Chronic Pain Medical Treatment Guidelines require adequate documentation of pain, function and quality of life when opioids are used on a chronic basis. The guidelines do not discuss the use of opioids for tendinitis conditions such as plantar fasciitis. For most musculoskeletal issues short-term use is recommended. Furthermore, the guidelines require documentation of functioning, using a numerical scale or a validated instrument at least once every six months. There were no numerical scale reportings of the pain, function, or other issues in this patient's reports. The guidelines also require outcome measure including: current pain; average pain; least pain; duration of relief from medication; etc. In this case, none of these measurements are documented in the records provided. As we are addressing denial of very high doses of opiates, weaning is recommended rather than abrupt discontinuation. However, ongoing use of opiates at the current doses is not recommended per the guidelines, due to a lack of appropriate diagnosis, such as neuropathic or chronic pain, as well as the provider's lack of adequate documentation. Therefore, Oxycodone is not medically necessary or appropriate.

Methadone 10mg 2 tabs 3 times a day (#180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The provider has been prescribing Oxycodone and Methadone for quite a long time. Review of the reports from 1/11/13 to 8/12/13 indicate that there is lack of adequate documentation to warrant continued use of high doses of opioids. The treatment notes only report feet pain, with tender feet. The patient is working long hours and appears to be full time. The Chronic Pain Medical Treatment Guidelines require adequate documentation of pain, function and quality of life when opioids are used on a chronic basis. The guidelines do not discuss the use of opioids for tendinitis conditions such as plantar fasciitis. For most musculoskeletal issues short-term use is recommended. Furthermore, the guidelines require documentation of functioning, using a numerical scale or a validated instrument at least once every six months. There were no numerical scale reportings of the pain, function, or other issues in this patient's reports. The guidelines also require outcome measure including: current pain; average pain; least pain; duration of relief from medication; etc. In this case, none of these measurements are documented in the records provided. As we are addressing denial of very high doses of opiates, weaning is recommended rather than abrupt discontinuation. However, ongoing use of opiates at the current doses is not recommended per the guidelines, due to a lack of appropriate diagnosis, such as neuropathic or chronic pain, as well as the provider's lack of adequate documentation. Therefore, Methadone is not medically necessary or appropriate.