

Case Number:	CM13-0043490		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2011
Decision Date:	04/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is 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:

According to the records made available for review, this is a 55-year-old female with a 3/5/11 date of injury and status post right foot surgery on 11/5/12. At the time (10/3/13) of request for authorization for Oxycodone 7.5/325MG and Oxycodone 10/325 #120, there is documentation of subjective (ongoing right ankle, foot and leg pain) and objective (right foot allodynia, hypesthesia, hyperalgesia, and trophic skin changes; 1+ swelling of the foot, tenderness upon palpation of the entire foot, 4/5 strength in the right tibialis anterior, and 2/5 strength in the right extensor hallucis longus and right peroneals) findings, current diagnoses (chronic regional pain syndrome of right foot, right ankle and right leg, status post 5th metatarsal surgery of right foot, right foot internal derangement, and right foot fracture), and treatment to date (Oxycodone since at least 11/21/12 and right foot surgery on 11/5/12). In addition, 10/23/13 medical report identifies that Oxycodone 10/325 mg and Oxycodone 7/5/325 mg provides 40% improvement of the patient's chronic severe daily pain with maintenance of her activities of daily living. There is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time; and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 7.5/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone, Page(s): 74-80, 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycodone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycodone. Furthermore, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic regional pain syndrome of right foot, right ankle and right leg, status post 5th metatarsal surgery of right foot, right foot internal derangement, and right foot fracture. In addition, there is documentation of moderate to severe pain. Furthermore, given documentation of ongoing treatment with Oxycodone since at least 11/21/12 with 40% improvement of the patient's chronic severe daily pain with maintenance of activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Oxycodone. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 7.5/325MG is not medically necessary.

OXYCODONE 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80,92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycodone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to

support the medical necessity of Oxycodone. Furthermore, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic regional pain syndrome of right foot, right ankle and right leg, status post 5th metatarsal surgery of right foot, right foot internal derangement, and right foot fracture. In addition, there is documentation of moderate to severe pain. Furthermore, given documentation of ongoing treatment with Oxycodone since at least 11/21/12 with 40% improvement of the patient's chronic severe daily pain with maintenance of activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Oxycodone. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 10/325 #120 is not medically necessary.