

Case Number:	CM13-0044273		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2005
Decision Date:	04/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 Occupational 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 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:

This is a male patient s/p injury 7/11/05. A 10/16/13 permanent and stationary report states that the patient has lower back pain and has been on modified duty with home exercise program. The patient has right foot and ankle pain that has improved since surgery. He has stiffness in the right great toe, but very little pain. He has some lower back pain with radiation down the posterior aspect of the right thigh, with no constitutional complaints. Diagnostic impression included s/p fusion right MP great toe, s/p right foot surgery. The patient underwent a right foot excision sesamoid bones, tenosynovectomy, and deep compartment fasciotomy 1/8/13. Future medical care included orthopedic re-evaluation with flareups, physical therapy, possible orthotics, custom or semicustom shoes, or cortisone injection. There was no discussion of medication use. 9/4/13 note states that the patient was given Anaprox 375mg PO BID #60. There is no discussion of narcotics. A note dated 6/19/13 does not address narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Oxycodone/apap 5-325mg, # 40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the medical records provided for review do not clearly discuss objective measures of pain relief or functional benefit with the use of oxycodone/apap. The patient underwent surgery 1/8/13. It is unclear that there remains a pain level sufficient at this time to support the use of narcotic medication. There is no discussion of monitoring for adherence, compliance, and abuse. The request is not medically necessary.