

Case Number:	CM13-0049347		
Date Assigned:	12/27/2013	Date of Injury:	12/11/2003
Decision Date:	02/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/07/2013

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 3/5/2013 examination by [REDACTED] notes the claimant has burning pain in the right foot with heel pain. He had tarsal tunnel surgery 12/2011. Previous treatments were noted as NSAIDs, RICE, CAST, injections, physical therapy, surgery, orthotics, and brace. The medications were listed as OxyContin and Percocet. The examination reported ambulation with use of crutches with tenderness noted on palpation and with range of motion. There was tarsal tunnel referred pain. There was an assessment of traumatic arthritis of the foot, plantar fasciitis, nonunion of fracture, tarsal tunnel syndrome, and nerve entrapment - MPN. Plan of care was to obtain CT scan, do ultrasound guided injection, do laser or EPAT treatment, and use night splint. 3/15/2013 PR-2 by [REDACTED] indicates condition of right knee and right ankle pain with treatment to include OxyContin 40 mg TID, Percocet, Tizanidine, docusate, and Dexilant. 6/10/13 note by [REDACTED] notes ongoing pain in the right foot and ankle. He wears a brace to help with ambulation. It notes that [REDACTED] recommended surgery for the right ankle and foot but the claimant is afraid to undergo another surgery. Examination was noted to show antalgic gait with tenderness in the foot and knee. The impression was chronic right knee and ankle pain with plan for second surgical opinion, prescription for medication including OxyContin and Percocet and to obtain urine drug screen. 8/5/13 note by [REDACTED] indicates persistent pain in right foot and ankle. There was no improvement by laser treatment. [REDACTED] notes the claimant was stable on medication but that the claimant requested to reduce his medication and [REDACTED] agreed to reduce OxyContin to 30 mg TID and continue Percocet. 10/10/13 note indicates OxyContin was not authorized and he has been taking Percocet for pain. He has continued difficulty with walking and standing. Examination reported tenderness in foot and knee and that he could not tolerate tilt test of ankle. [REDACTED] requested authorization of Oxycontin at 40 mg TID but with it not authorized was going to increase Percocet dose. It

indicates with the pain medication, the claimant is able to function. Letter of the claimant, 11/6/13 indicates that the opioid pain medications help him perform his daily functions. When he has been without the opioid medication, he becomes "bedridden." 12/6/13 note by [REDACTED] notes persistent pain in the right leg. He is reported to not have any aberrant behavior and has been compliant. [REDACTED] performed physical examination and recommended continued OxyContin and Percocet for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg #90 with twelve (12) refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78-79.

Decision rationale: The medical records provided for review support the claimant has a chronic medical condition which prior treatment - surgery, medications, physical therapy, injections- has not improved. It reflects that the claimant has functional benefit from the opioid therapy and physical function worsens without this medication. The treating physician provides ongoing monitoring of the pain in regard to physical function, aberrant use, and any side effects. The current medical records support continued prescription of Oxycontin congruent with MTUS chronic pain medical treatment guidelines.