

Case Number:	CM13-0072748		
Date Assigned:	01/10/2014	Date of Injury:	03/14/2001
Decision Date:	06/10/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 60-year-old male who reported injury on 03/14/2001. The mechanism of injury was a metal valve fell on the injured worker. The medication history included opiates as of 05/2013. The injured worker underwent a first MT plantar flexion osteotomy of the right foot for a dorsiflexed first MT on 07/30/2013. The documentation dated 11/19/2013 revealed the injured worker's pain persisted around the mid foot at the site of the surgical reconstruction at the base of the first MT. The diagnoses include status post foot/ankle reconstructive surgery, and right foot pain. The treatment plan included medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30MG #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids (Specific Drug List, Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain and Opioids, Ongoing Management Page(s): 60 &78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side

effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 05/2013. There was lack of documentation of an objective improvement in function, an objective decrease in pain and evidence the injured worker was being monitored for aberrant drug behavior. The injured worker was noted to be monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Oxycodone 30 mg #240 is not medically necessary.