

<b>Case Number:</b>	CM14-0104781		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/20/2001
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 General Surgery 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 48 year old male was injured 4/20/01. In April 2014, the patient appears to have developed a Fournier's gangrene. He had 8 surgeries of the perineal region. The last was 4/17/14. These included removal of the penis and scrotum, transplantation of the testes, and split thickness skin grafting for coverage. He is markedly disabled with respect to being able to ambulate. Ambulation without assistance is very difficult. He needs an enormous amount of help to accomplish his activities of daily living. He is highly immobile. His level of postoperatively pain is quite high. The diagnoses at the time of the request are: status post 2 level lumbar fusion; status post hardware removal; status post lumbar interbody fusion a level above; left shoulder impingement; residual lower extremity radiculitis and radiculopathy. The request was for Oxycontin 40 mg, Oxycontin 80 mg, Home Health Care 4 hrs./day, 5 days/week. The prior review indicated a need to decrease the opioid use by 50% and to modify the need for Home Health Care to two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care 4 hours a day, 5 days a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Home Health Services Page(s): 51.

**Decision rationale:** The Home Health Care request without an end is not possible to approve. The patient will likely require Home Health Care for 3-4 weeks but an open ended approval cannot be honored and is, therefore denied.

**Oxycontin 40mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Opioids-pain treatment agreement Page(s): 89.

**Decision rationale:** The surgery he has had most recently is extremely both physically and mentally severe. He was on an opioid dose not dissimilar from this related to his lumbar fusion surgeries and the radiculitis and radiculopathy. There has been documented benefit and there is an understood pain contract. Therefore, the request for Oxycontin 40 mg and Oxycontin 80 mg is approved.

**Oxycontin 80mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Opioids-pain treatment agreement.

**Decision rationale:** The surgery he has had most recently is extremely both physically and mentally severe. He was on an opioid dose not dissimilar from this related to his lumbar fusion surgeries and the radiculitis and radiculopathy. There has been documented benefit and there is an understood pain contract. Therefore, the request for Oxycontin 40 mg and Oxycontin 80 mg is approved.