

Case Number:	CM14-0107443		
Date Assigned:	08/01/2014	Date of Injury:	03/14/2001
Decision Date:	09/25/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 60-year-old male who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of March 14, 2001. Medical records from 2014 were reviewed, which showed that the patient presented with neuropathic foot pain graded 7-8/10, 2-3/10, and 9/10 on VAS (average, with medications, and without medications respectively). Recent progress notes are illegible and pertinent information may have been overlooked due to its incomprehensibility. Treatment to date has included medications, rest, immobilization, ice application, TENS, "rocker bottom shoes", HEP, PT, ALIF and multiple surgeries of the right ankle. Utilization review from June 12, 2014 denied the request for Oxycodone 30 MG # 180 because the computed morphine equivalent dose was not within the guideline recommended 120mg/day and there was no documented recent behavioral evaluation, pill count, CURES report, or urine drug scree to suggest lack of drug misuse/abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386, Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed with Oxycodone on January 9, 2014. There was sparse subjective and objective information on the medical records submitted. Specific measures of analgesia and functional improvements, such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. There was no documented recent behavioral evaluation, pill count, CURES report, or urine drug screen to suggest lack of drug misuse/abuse. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycodone 30mg, #180 is not medically necessary.