

Case Number:	CM14-0109066		
Date Assigned:	08/01/2014	Date of Injury:	07/29/2011
Decision Date:	09/11/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 7/29/11. A utilization review determination dated 6/19/14 recommends modification of physical therapy to 2 sessions (12 requested), Oxycodone #80 (240 requested), and OxyContin #30 (90 requested). Fifteen (15) postoperative physical therapy sessions were reportedly previously approved for 2014. The patient is noted to be s/p multiple ankle surgeries including right ankle arthroscopy with partial debridement of subtalar joint 12/23/13. 7/16/14 medical report identifies ongoing right ankle/foot pain. He is a police officer and needs to be able to run when necessary. The provider noted that only 6 of 16 requested physical therapy visits have been completed since surgery. Ankle pain is on the right 4/10 with medications. On exam, there was some swelling and decreased ROM of both ankles. The patient requested to refill meds two days early as he was leaving town to go camping. Ten (10) physical therapy visits were also recommended. Podiatry report dated 7/15/14 notes pain to the lateral aspect of the fifth toe, "almost like phantom nerve pain in a way." Lidoderm patches and topical medication such as ketamine, Neurontin, and anti-inflammatories in a cream were recommended. 8/12/14 medical report identifies continued right ankle pain. Nine (9) physical therapy sessions were noted to have been performed after the last surgery. He is stiff in the morning and cannot really run. He has issues walking down stairs due to ankle weakness. He has a hard ankle brace that is hinged. He is markedly improved post-surgery, but not back to baseline. Pain is 6/10 with medication and 9/10 without. On exam, there is ankle swelling and limited ROM. Additional physical therapy was recommended to increase strength and mobility so he can run and do regular work. He was continued on modified work. 5/28/14 medical report notes a prescripphysical therapy for Oxycodone 30 mg 1-2 q 4-5 hrs prn, 30 days, for a total of 240. OxyContin was for 20 mg 1 tablet TID 30 days, for a total of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, right foot/ankle quantity: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10, 12-14.

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 physical therapy sessions for chronic injuries and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." California MTUS postsurgical guidelines do not specifically address this procedure, but generally recommend up to 9 sessions for postoperative treatment of conditions that do not involve repair of fractures or tendon rupture, ankle fusion, etc. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is conflicting information regarding the amount of prior physical therapy completed, with 9-15 sessions reported. The patient does have some ongoing pain, swelling, decreased ROM, and weakness noted. While there may be an indication for some additional physical therapy, there is no clear rationale for the 12 additional sessions requested. The previous utilization reviewer modified the request to certify 2 additional sessions, but unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

Oxycodone 30 mg quantity: 240.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Oxycodone, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is some reported pain relief, but there is no indication that the medication is improving the patient's function, no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, there is no clear rationale presented identifying the medical necessity of a morphine equivalent dose per day of approximately 450 mg, well exceeding the recommendations of the guidelines. Given all of the above, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately,

there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycodone is not medically necessary.

Oxycontin 20 mg quantity: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for OxyContin, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is some reported pain relief, but there is no indication that the medication is improving the patient's function, no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, there is no clear rationale presented identifying the medical necessity of a morphine equivalent dose per day of approximately 450 mg, well exceeding the recommendations of the guidelines. Given all of the above, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested OxyContin is not medically necessary.