

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0011616 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 09/30/2009 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 12/26/2013 |
| Priority: | Standard | Application Received: | 01/29/2014 |

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 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 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:

This is a 56-year-old male with a 9/30/09 date of injury. He was on a ladder nearly 20 feet high and he went to reach in order to tape the window, the ladder shifted and he fell, landing on his feet. In a 2/20/14 progress note, the patient complained of pain in the bilateral ankles/feet. He rated his pain with medication from 4-10/10 on a pain scale of 0-10 and rated his pain without medication at an 8/10. Objective findings: antalgic gait/shuffling, severe deformity of feet bilaterally with swelling present, hard mass on the lateral aspect of feet, pain on palpation. Diagnostic impression: pain in joint (bilateral ankle and foot), neuralgia, difficulty in walking, bilateral leg pain, depression, chronic insomnia. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 12/26/13 denied the requests for Oxycodone/Acetaminophen 10/325 mg and Orthogel. Oxycodone/Acetaminophen was modified from 180 tablets to 120 tablets with a dosing adjustment from every 4 hours to every 6 hours. The patient's MED, combined with the patient's morphine, exceeded guideline recommendations of 120 if the medication was taken every 4 hours. Orthogel is a topical medication to treat minor aches and pain in muscles and joints due to arthritis, backache, strains, or sprains. There is no high quality evidence based medicine showing statistically significant benefit in randomized controlled trials.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOGELE AS NEEDED: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.amazon.com/Orthogel-Advanced-Cold-Therapy-Relief/dp/B0009DVDAY>.

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not address this issue. An online search revealed that Orthogel is a nonprescription topical gel used to help relieve pain from sore muscles and muscle sprains, back, shoulder, neck pain, arthritis, painful ankle, knee, hip, and elbow joints, and muscular strains. However, there is no documentation in the reports reviewed that the injured worker is experiencing any functional improvement from this product. Therefore, the request for Orthogel As Needed is not medically necessary.

OXYCODONE/ACETAMINOPHEN 10/325MG EVERY 4 HOURS #180 (30 DAYS):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker is also taking Morphine Sulfate 60 mg twice a day. The injured worker's MED is 305 with the combination of Morphine and Oxycodone. Guidelines do not support opioid use with an MED exceeding 200 and consider it high dose opioid therapy. High dose opioid therapy rarely results in satisfactory analgesia or improved function and may produce increased side effects such as sedation and respiratory depression. In addition, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, it is documented in a 9/1/13 progress note that the injured worker has a history of heroin abuse and is considered a high-risk patient. There is no documentation of an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Oxycodone/Acetaminophen 10/325mg Every 4 Hours #180 (30 Days) is not medically necessary.