

<b>Case Number:</b>	CM14-0012932		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/05/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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, 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:

The patient is a 55 year old female who was injured on 3/15/11 when she was reaching out her hand to shake her boss' hand. She fell down and twisted her right foot. Prior treatment history has included OxyContin 30 mg with a 30% decrease in pain and psychotherapy. The patient underwent ORIF of a right metatarsal fracture. The patient's medications as of 1/9/14 include Losartan, triamterene, clonidine, Colace., OxyCodone 7.5/325 mg, Lexapro 10 mg, and Gralise 600 mg. A comprehensive evaluation report dated 1/9/14 indicates the patient has a complaint of pain in the right leg, right ankle, and right foot. On musculoskeletal/spine examination, there is a surgical scar over the trunk and right foot. There is right foot allodynia, hypesthesia, hyperalgesia, and trophic skin changes. The right foot skin has a dusky purple discoloration. There is 1+ swelling of the foot. There is tenderness to palpation of the entire foot. Muscle stretch reflexes are 2+ and symmetric bilaterally in all limbs. Clonus, Babinski's and Hoffmann's signs are absent. Muscle strength is 5/5 in all limbs, except 4/5 in the right tibialis anterior, and 2/5 in the right extensor hallucis longus and right peroneals. Sensation is intact to light touch, pinprick, proprioception, and vibration in all limbs, except reduced to light touch in the right leg due to hyperesthesia. She has an antalgic gait favoring the right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 30 MG #90 -1 TABLET THREE TIMES DAILY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, criteria for use, Page(s): 75-96.

**Decision rationale:** According to the California MTUS guidelines, Oxycontin® Tablets are a controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Regarding medication for complex regional pain syndrome, the guidelines state most medications have limited effectiveness. Review of the medical records does not reveal the patient has obtained clinically significant reduction in pain and improved function as a result of Oxycontin use. In accordance with the guidelines, in absence of benefit, opioids should not be continued. As such, the request is not medically necessary.