

Case Number:	CM14-0014438		
Date Assigned:	02/28/2014	Date of Injury:	05/26/2009
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic foot pain, and chronic ankle pain reportedly associated with an industrial injury of May 26, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple surgeries apparently sustained in multiple foot fractures; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 20, 2014, the claims administrator denied a request for Oxycodone, stating that the applicant was not appreciably benefitting through the same. The applicant's attorney subsequently appealed. In a January 27, 2014, progress note, the applicant was described as semiambulatory. The applicant was using crutches to move about. A scooter was apparently being sought as the applicant was having difficulty propelling a wheelchair. The applicant was using Oxycontin, Oxycodone, Motrin, and Colace, it was stated. The applicant reportedly denied any medication side effects. The applicant had comorbidities including depression, financial constraints, family issues, and personal issues, it was stated. It was stated that ongoing usage of Oxycontin and Oxycodone was needed to manage the applicant's pain complaints. It was reiterated that the applicant had undergone multiple surgeries for multiple foot fractures. The applicant's pain was reportedly constant. The applicant was in need of round the clock analgesia, it was stated. 8/10 pain was noted without medications as compared to 4/10 pain with medications. The applicant stated that his tolerance for standing and walking activities was doubled as a result of ongoing opioid usage. It did not appear that the applicant was working with permanent limitations in place. It was stated that the applicant had been given a 40% whole-person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG, #120/30 DAYS: Overturned

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 Opioids Page(s): 80.

Decision rationale: Oxycodone is a short-acting opioid. As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant has admittedly failed to return to work, the applicant is apparently able to improve ambulation tolerance and upright activities from five minutes continuously to 10 minutes continuously. The attending provider has, thus, posited that ongoing opioid therapy has ameliorated performance of activities of daily living and has, moreover, diminished pain scores from 8/10 to 4/10. Continuation of Oxycodone, on balance, is indicated as two of the three criteria set forth on page 80 of the MTUS Chronic Pain Guidelines have been met here. Therefore, the request is medically necessary.