

Case Number:	CM14-0017170		
Date Assigned:	02/21/2014	Date of Injury:	05/26/2009
Decision Date:	06/26/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic ankle, foot, and shoulder 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 short-acting opioids; and earlier ankle surgery. An August 9, 2013 progress note is notable for comments that the patient was using OxyContin, Percocet, Motrin, and Colace for pain relief. The patient apparently was unable to participate in the functional restoration program owing to financial constraints and familial obligations. The patient was having difficulty with weight bearing activities. The patient had sedation with a variety of prior opioids. The patient stated that ongoing usage of OxyContin and Percocet was helping to manage the patient's pain such that he could adequately function. 40% to 50% reduction in pain was ameliorated through ongoing usage of OxyContin and Percocet. The patient stated that his tolerance for upright activities was 10 minutes with usage of medications and only five minutes without medications. The patient was able to ambulate and perform weight bearing activities in a greater manner with ongoing usage of opioids, including Percocet. On September 30, 2013, the patient was described as status post multiple prior foot and ankle surgeries. The attending provider reiterated that ongoing usage of OxyContin and Percocet was effectively controlling his pain, was ameliorating the patient's ability to stand, walk, and perform weight bearing chores at home, and that the patient denied any present side effects with the current opioid medication regimen. The patient was asked to lose weight on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10/325 MG, #90/15 DAYS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 80; 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, state that 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, the patient's standing and walking tolerances are reportedly increased with ongoing opioid therapy. The patient does have moderate-to-severe pain associated with chronic regional pain syndrome of the lower extremities status post multiple foot and ankle surgeries for which short-acting opioid therapy is indicated. Medical records does indicate that the patient's ongoing usage of Percocet has ameliorated performance of non-work activities of daily living and reduced pain levels Therefore, the request for Oxycodone 10/325mg, # 90, 15 days is medically necessary and appropriate.