

Case Number:	CM14-0181722		
Date Assigned:	11/06/2014	Date of Injury:	03/01/2004
Decision Date:	12/12/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine and is licensed to practice in New York. 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 48 year old male who sustained an industrial injury on 03/01/2004. The mechanism of injury was not provided for review. His diagnoses included chronic low back pain, internal derangement of the left knee, internal derangement of the right knee s/p meniscectomy medically and lateral, ankle joint inflammation, depression, sleep disorder and sexual dysfunction. He continues to complain of low back with numbness and tingling in both extremities, bilateral knee, and right ankle pain. The pain increases when sitting and standing longer than 20 minutes and walking farther than 15-20 minutes. On physical exam he has decreased range of lumbar motion and decreased range of motion of both knees. Examination of the right ankle reveals slight decreased range of motion of the right ankle. Treatment has included medications including opiates, and hot and cold treatment. The treating provider has requested Oxycontin 30mg #180, and a Richie ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Users of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (pdf format), Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Oxycontin 30 mg bid. Per California MTUS Guidelines, Oxycontin is a long acting very potent analgesic often used for the control of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for the requested item has not been established. The request is not medically necessary.

1 Richie Ankle Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Pain.

Decision rationale: The Richie Brace is a custom ankle brace (ankle foot orthosis) designed to treat chronic conditions of the foot and ankle. Introduced to the medical community in 1996, The Richie Brace has revolutionized the non-operative approach to the most challenging pathologies treated by the foot and ankle specialist. There is no documentation indicating the claimant has ankle instability. Bracing is not indicated per ODG for pain with rotation of the ankle. Medical necessity for the requested item has not been established. Therefore the request is not medically necessary.