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| Case Number: | CM14-0022967 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 01/25/2012 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 47-year-old male with a 01/25/2012 date of injury. 2/5/14 determination was modified. Oxycodone was non-certified given no quantifiable pain relief or functional improvement, the medication was to be used for post-operative pain, and the patient had already transitioned from surgical care to rehabilitation. Oxycontin was modified from #60 to # 20 for the patient to take the medication before having a physical therapy (PT) session. Celexa and Wellbutrin were certified. 1/24/14 medical report identifies decreased pain level since previous visit. There continued to be left ankle/foot pain. The patient was taking the medications as prescribed and indicated that they were working well. No side effects were reported. The patient noted that he was attending Narcotic Anonymous, and planned to start with [REDACTED] (addiction specialist) when he was able to bear light weight on his foot, this was projected for approximately 2/4/14. The patient was using Oxycontin 15mg 1-2 pills per day, and Oxycodone 10mg twice per day. The patient appeared to be in mild distress, anxious and in moderate pain. The plan included to taper off Oxycontin and Oxycontin once he recuperates and completed physical therapy. A recent drug screen and pain contract was discussed and reviewed with the patient. The patient underwent a left hindfoot triple arthropathy with local autograft and infuses bone morphogenetic protein (BMP), first and second navicular cuneiform arthrodesis, Achilles tendon lengthening, application of wound vacuum, and debridement of anterior tibialis tendinopathy, and hardware removal on 11/13/13. Records also indicate that 7/26/13 urine toxicology was positive for methamphetamine and amphetamine. 11/8/13 medical report identified that tapering of medication was placed on hold given the surgical procedure and that opioids would be used for post-operative pain for a limited period of time, perhaps up to 6 months post-op. It was noted that gabapentin was taken for nerve pain and that when the patient did not take it; he had shooting pains in his legs that were very severe. A urine test from 11/8/13 revealed positive for

benzodiazepines, Tetrahydrocannabinol (THC), and oxycodone. The patient stated that he used remaining Valium from a prior prescription due to anxiety, but he had no more remaining. The patient was also advised he could not use marijuana.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL IR 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 79-80. Decision based on Non-MTUS Citation Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. Opioid Therapy for Chronic Pain. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf.

Decision rationale: The patient has continued post-operative pain for which opioid medications continued to be prescribed. Before the patient's surgery, the patient was to undergo detoxification; however, this was placed on hold given upcoming surgery. Opioid medication seemed to be appropriate for management of post-operative pain. However, there patient's toxicology reports have been positive for methamphetamine, benzodiazepines, and Tetrahydrocannabinol (THC). There is no clear indication that the patient was actually taking the prescriptions a prescribed. There was no clear indication that the medications provided functional benefits for the patient, given that he continued to have significant pain. While there is indication of appropriate medication intake, a pain contract in place, and indication that the medications worked, considering the continued severe pain, inconsistent toxicology tests, and time elapsed since surgery, the requested medication cannot be deemed as medically necessary.

OXYCONTIN 15MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Relief Medications Page(s): 79-80. Decision based on Non-MTUS Citation Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. Opioid Therapy for Chronic Pain. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf.

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toxicology reports have been positive for methamphetamine, benzodiazepines, and Tetrahydrocannabinol (THC). There is no clear indication that the patient was actually taking the prescriptions as prescribed. There was no clear indication that the medications provided functional benefits for the patient, given that he continued to have significant pain. While there is indication of appropriate medication intake, a pain contract in place, and indication that the medications worked, considering the continued severe pain, inconsistent toxicology tests, and time elapsed since surgery, the requested medication cannot be deemed medically necessary. At the time of the prior determination, a modified certification was rendered to allow some medication prior to physical therapy visits, which seemed appropriate given non-certification of the other opioid medication.

GABAPENTIN 300MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs) Page(s): 16-17. Decision based on Non-MTUS Citation FDA: Neurontin (gabapentin).

Decision rationale: While there is indication that gabapentin was taken for nerve pain and when the patient did not take the medication, he had shooting pains in his legs that were very severe; the subjective and objective findings of the medical reports do not substantiate this. There is indication of foot pain, yet, no indication that this was neuropathic in nature. Further clarification regarding this would be required prior to rendering a favorable determination. The medical necessity was not substantiated.