

Case Number:	CM14-0056238		
Date Assigned:	07/09/2014	Date of Injury:	04/10/2008
Decision Date:	08/14/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 74-year-old man with a medical history of hypertension, hyperlipidemia, coronary artery disease, and stroke who sustained a work-related injury on April 10, 2008. Subsequently, he developed right ankle, right lower extremity, and left shoulder pain. The patient underwent several right ankle surgeries complicated by MRSA, appendectomy, and left shoulder rotator cuff repair. A progress report dated May 20, 2014 states that the patient has been complaining of right ankle, right anterior tibial, and left shoulder pain as well as right lower extremity numbness and paresthesias. The patient reported a pain of 6-8/10. His physical examination revealed a restricted right foot range of motion in all directions. Right foot provocative maneuvers were positive. There is right ankle deformity. There is hypersensitivity of the right ankle and lower leg. There is positive hyperalgesia. There is positive allodynia, hypesthesia, trophic changes, and 3+ edema in the right foot and ankle. The right ankle is asymmetric. Nerve root tension signs were negative bilaterally. Right patellar, left patellar, and left Achilles muscle stretch reflexes are 1, and the right patellar muscle stretch reflex is absent. Clonus, Babinski's, and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in the bilateral upper extremities, except for 4+/5 strength in the left deltoid; 5/5 strength in the left lower extremity; 4/5 strength in the right iliopsoas, quadriceps, tibialis posterior, and gastrocnemius; and 2/5 strength in the right tibialis anterior, extensor hallucis longus, and peroneals. Sensation is intact to light touch, pinprick, proprioception, vibration in the bilateral upper extremities and left lower extremity, and there is decreased sensation to all modalities in the left foot. The patient uses a cane for ambulation. The patient was diagnosed with right lower extremity complex regional pain syndrome/reflex sympathetic dystrophy, status post ankle surgeries, left shoulder rotator cuff impingement, status post left shoulder rotator cuff repair, and depression secondary to chronic industrially-related pain. A UDS taken on March 25, 2014

revealed the absence of opiate medications. The patient reported his last dose of oxycodone prior to the UDS was on March 23, 2014. The patient medications included: Trazodone, Metformin, aspirin, Neurontin, Zocor, Pristiq, oxycodone, Lyrica, Dexilant, metoprolol, and Linispol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Oxycodone 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines; Official Disability Guidelines (ODG), Opioids/medication, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of functional improvement with previous use of the Oxycodone. There is no documentation of significant pain improvement with previous use of Oxycodone. There is no recent documentation of compliance/side effects with previous use of Narcotics. Therefore, the prescription of Oxycodone 15 mg is not medically necessary.