

Case Number:	CM14-0073280		
Date Assigned:	07/16/2014	Date of Injury:	11/23/2010
Decision Date:	11/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/20/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 64-year-old female the date of injury of November 23, 2000. She had a slip and fall type of injury. She complains of constant left ankle and foot pain, right lower extremity pain and low back pain. The diagnoses include pes planovalgus of the left foot, possible subtalar arthritis, rule out talar fracture, degenerative joint disease of the calcaneocuboid and talonavicular joint, and compensatory low back pain. The physical exam has revealed an antalgic gait, use of a CAM boot, swelling of the left hind and mid foot, tenderness to palpation of the subtalar, calcaneal, and mid foot regions, and right anterior talofibular ligament. She was being considered for a subtalar fusion. She has been treated with hydrocodone (Norco) and oxycodone for pain. The last progress note available for this review was dated 4-1-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The guidelines state that for those requiring chronic opioid therapy, ongoing monitoring should occur for analgesia, functionality, any adverse medication effects, and aberrant drug taking behavior. Further, opioids should be discontinued if there is no improvement in pain and functionality as a consequence of the opioids. In this instance, the record reflects that the injured worker's pain persists at a 9 or 10/10 level despite the use of opioids. The records do not seem to comment on any functionality gains as a consequence of the opioids. Lastly, the oxycodone requested, 5mg BID, does not have a quantity listed. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 5mg is not medically necessary.