

Case Number:	CM14-0082333		
Date Assigned:	07/21/2014	Date of Injury:	09/07/1999
Decision Date:	09/24/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47 year-old individual was reportedly injured on 9/7/1999. The mechanism of injury is noted as a crushing injury. The most recent progress note, dated 5/6/2014 indicates that there are ongoing complaints of right foot pain. The physical examination demonstrated antalgic gait favoring the right leg. Where's a right knee brace. Has in patients are in the place of his right 2nd toe any purple area surrounding the scar. He has allodynia around the amputation scar, particularly over the medial aspect of the right 3rd toe. They calluses tenderness over the right 2nd metatarsal head. Patient wears custom-made orthopedic shoes the support is foot any way that allows them to without putting pressure on the area. Without them, you cannot walk. No recent diagnostic studies are available for review. Previous treatment includes Oxycodone 5mg #360 a request was made for Oxycodone IR, 5 mg, 12 per day, #360 and was not certified in the pre-authorization process on 5/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR, 5 mg, 12 per day, # 360: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker suffers from chronic right foot pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. Please note that guidelines support using this medication for short-term, however the current request does not coincide with short-term use. As such, this request is not considered medically necessary.