

Case Number:	CM14-0124686		
Date Assigned:	08/08/2014	Date of Injury:	02/01/2005
Decision Date:	07/13/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old male who sustained an industrial injury on 02/01/2005. Mechanism of injury was not documented. Diagnoses include pain in joint-ankle and foot, infection of bone in ankle and foot, hypertension, impotence-organic origin, anomaly congenital lower limb, and pain psychogenic. Treatment to date has included diagnostic studies, medications, foot brace, and multiple surgeries. There is documentation present in a physician note that documents the injured worker had a computed tomography of the right ankle dated 06/04/2014 and it revealed severe traumatically induced degenerative arthritis to the right ankle joint and right subtalar joint, extensive cartilage loss and osteophytic spurring in both joints, slight asymmetric narrowing of the ankle joint space and a very large cyst formation within talus. A physician progress note dated 07/01/2014 documents the injured worker presents for long standing bilateral foot pain. He rates his pain as 4 out of 10 on the Visual Analog Scale with medications. He notes that without medications he would be bed bound. He continues to use OxyContin 80mg on every 8 hours and Opana immediate release 10mg every 8 hour for breakthrough pain. He takes Relafen for anti-inflammatory effects and Effexor 75mg twice a day for neuropathic pain as well as failed coping mechanisms and depression. His medications assist him with his pain and function. He has an antalgic gait. The right and left feet and ankle are tender to palpation. He saw the orthopedist on 06/04/2014 and he is requesting arthrodesis for the right subtalar joint first, then eventually a total ankle joint arthroplasty with total joint implant. For the left ankle he states there is nothing he can do at this point in time and recommends conservative treatment. The treatment plan includes refilling Viagra, Fortesta,

Nabumetone, and Venlafaxine. Treatment requested is for Opana IR 10mg #90, and OxyContin 80mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Oxycontin for an extended period and reports significant pain relief with its use. However, the guidelines recommend no more than 120mg total morphine equivalent dose per day. The injured worker is currently exceed this recommended ceiling as he is taking Norco, Oxycontin, and Opana. Multiple previous reviews have recommended the weaning of these medications. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycontin 80mg #90 is determined to not be medically necessary.

Opana IR 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam.

The injured worker has been taking Opana for an extended period and reports significant pain relief with its use. However, the guidelines recommend no more than 120mg total morphine equivalent dose per day. The injured worker is currently exceeding this recommended ceiling as he is taking Norco, Oxycontin, and Opana. Multiple previous reviews have recommended the weaning of these medications. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Opana IR 10mg #90 is determined to not be medically necessary.