

<b>Case Number:</b>	CM14-0152326		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/16/2006
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 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:

The underlying date of injury in this case is 6/16/2006. The date of the utilization review under appeal is 3/11/2014. The patient's treating diagnosis is reflex sympathetic dystrophy of the lower limb. On 9/25/2014, the patient was seen in primary treating physician followup. The patient was noted to have right lower extremity pain status post an open reduction internal fixation of the right ankle with subsequent development of severe complex regional pain syndrome and disuse atrophy of the right lower extremity and related chronic insomnia. The patient reported ongoing severe intractable pain. She was using a walker and reported she could not function without pain medication. The patient had made several attempts of trying to wean down her narcotics and the patient stated that what worked best for her was Duragesic patch 75 mcg every 2 days. The patient was also using Oxycodone 30 mg/4-6 tablets per day. The treating physician recommended the patient continue with her treatment plan which she found to keep her functional. The patient reported at least 50% functional improvement with medications versus not taking them at all.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic Patch 75mcg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Fentanyl Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management discusses the four A's of opioid management. These guidelines emphasize the need for objectively verifiable functional improvement to support continued use of opioids. The medical records in this case discuss essentially subjective benefit from opioids, but do not discuss verifiable functional benefit. This request is not supported by the records and treatment guidelines. The request for Duragesic Patch is not medically necessary.

**Oxycodone 30mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management discusses the four A's of opioid management. These guidelines emphasize the need for objectively verifiable functional improvement to support continued use of opioids. The medical records in this case discuss essentially subjective benefit from opioids, but do not discuss verifiable functional benefit. This request is not supported by the records and treatment guidelines. This request for Oxycodone is not medically necessary.