

Case Number:	CM14-0203275		
Date Assigned:	12/15/2014	Date of Injury:	07/29/2011
Decision Date:	02/05/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 45 year old male with an injury date of 07/29/11. Based on the 12/01/14 progress report provided by treating physician, the patient complains of constant right ankle pain rated 4/10 with, and 7/10 without medications. The patient is status post ankle surgery December 2013. Per progress report dated 08/12/14, patient has had 5 ankle surgeries and 9 sessions of physical therapy. Physical examination to the right ankle on 12/01/14 revealed well-healed scar, and tenderness to palpation. Range of motion was decreased with dorsiflexion, plantar flexion, eversion and inversion. Patient's medications include Oxycodone, OxyContin and Ativan. Progress report 11/05/14 states "Patient is stable for the most part with his current medication schedule for pain management and denies any side effects or impairment. The patient is on modified duty, per treater report dated 12/01/14. Diagnosis 12/01/14- Ankle Pain, Joint- Pain Foot/Leg/Arm/Finger- Encntr Long-Rx Use NecThe utilization review determination being challenged is dated 11/19/14. The rationale is: "There is no documented functional improvement from its previous usage..." The request was "modified for #30 to initiate a weaning process" Treatment reports were provided from 04/29/14 to 12/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with constant right ankle pain rated 4/10 with, and 7/10 without medications. The request is for OxyContin 30mg #60. Patient's diagnosis on 12/01/14 included ankle joint, foot, leg, arm and finger pain. Patient's medications include Oxycodone, OxyContin and Ativan. Progress report 11/05/14 states "Patient is stable for the most part with his current medication schedule for pain management and denies any side effects or impairment. The patient is on modified duty, per treater report dated 12/01/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater has not stated how OxyContin reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant behavior, specific ADL's, etc. There are no UDS's, CURES or opioid pain contracts. Given the lack of documentation as required by MTUS, the request is not medically necessary.