

<b>Case Number:</b>	CM14-0208054		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old male with a date of injury of 07/29/2011. The mechanism of injury occurred when his right ankle began to hurt while walking. His current diagnoses included tenosynovitis of the foot and the ankle, joint pain of the ankle, causalgia of the lower limb, pain in the lower limb, and long term use of opioid medications. His past treatments have included physical therapy and debridement of the joint. His surgical history includes 12/23/2013 right ankle arthroscopy. On 12/01/2014, the injured worker complained of continued pain in the right ankle. He stated it is better with the injections. He stated the pain is constant which he rated as a 7/10 without his medications. Physical examination revealed tenderness at the ankle, decreased range of motion of the ankle, a urine drug screen was performed on 12/01/2014 and showed positive for opiates which he is prescribed. His current medications are oxycodone 30 mg tablets 1 to 2 tablets every 4 to 5 hours as needed, OxyContin 20 mg 1 tablet twice a day, OxyContin 30 mg extended release 1 tablet every 12 hours not to exceed 2 tablets in a 24 hour period, and Ativan. The treatment plan was to refer to the surgeon who specializes in nerve surgery of the ankle and continue his medications. The rationale was not given. Request for Authorization form dated 06/12/2014 was provided.

### 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 Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT, Criteria for Use Page(s): 78.

**Decision rationale:** The request for OxyContin 30 mg #60 is not medically necessary. The injured worker reported with complaints of ankle pain. The California MTUS Guidelines state that assessments need to be documented before and after taking the medication. The 4 A's of ongoing monitoring are most relevant when monitoring chronic pain injured workers on opioids. The documentation needs to include the amount of pain relief obtained, how the injured worker is able to perform their activities of daily living, side effects of the medication, and abnormal behavior relating to the drug. The prescription should come from a single practitioner and a single pharmacy and the dosing instructions should be included with the request. There is no documentation in the medical record of the injured worker having any significant decrease pain or increased functional abilities with the use of the oxycodone. The injured worker continues to have severe levels of pain rated at 7/10 with the use of his current medication regimen and continues to have complaints of ankle pain. Given the information submitted for review, the medical necessity for continued use of the medication has not been met as the criteria for the request has not been met. The pain assessment should include the current pain, the least reported pain over the period since the last assessment, the average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The request is not medically necessary; however, as the requested medication does not meet medical necessity based on the information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation. As such, the request for OxyContin 30 mg #60 is not medically necessary.