

<b>Case Number:</b>	CM15-0103489		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 51 year old female, who sustained an industrial injury on September 1, 2009. The injury was related to cumulative trauma. The injured worker has been treated for bilateral foot complaints. The diagnoses have included planter fasciitis, Achilles tendonitis and chronic worsening foot/ankle/calf pain/rule out complex regional pain syndrome. Treatment to date has included medications, radiological studies, a transcutaneous electrical nerve stimulation unit, home exercise program, aquatic therapy and cognitive behavior therapy. Current documentation dated April 30, 2015 notes that the injured worker reported constant severe bilateral foot pain with radiation to the calves. The injured worker also noted intermittent swelling of the ankles and feet without provocation. Examination of the ankles and feet revealed tenderness to palpation over the Achilles tendon and posterior calves. The injured worker was also noted to have tenderness and spasms across the middle back. The treating physician's plan of care included a request for Oxycodone 10 mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26  
Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for oxycodone, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone is not medically necessary.