

Case Number:	CM15-0163833		
Date Assigned:	09/01/2015	Date of Injury:	06/01/1994
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 54 year old female who sustained a work related injury June 1, 1994. Past history included fibromyalgia, major depressive disorder, bilateral shoulder derangement, status post right rotator cuff repair, status post right tibial plateau fracture with open reduction internal fixation and post traumatic arthrosis, status post gastric bypass, status post lumbar laminectomy. According to the most recent physician's supplemental report, dated May 28, 2015, the injured worker presented with complaints that she fell and twisted her left ankle. She has been having slip and falls from knee buckling. She is currently in physical therapy and scheduled for an MRI of the left ankle June 2, 2015. The ankle is swollen tender and discolored. She has been elevating and icing but the pain and swelling persisted. She self-braced the left ankle. Physical examination revealed there was forward lumbar decompensated stance with diffuse tenderness. The left ankle is swollen and especially tender over the lateral ankle joint with decreased range of motion and resolved hematoma. Diagnoses are left ankle sprain injury- left lateral ligament injury; fibromyalgia; narcotic dependency; major depressive disorder; morbid obesity. Treatment plan included continued physical therapy and renew medications; Oxycontin, Imitrex, and Fiberboard. At issue, is the request for authorization for Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Oxycontin is an extended release preparation of the opioid oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the patient has been on oxycontin since at least September 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be authorized.