

<b>Case Number:</b>	CM15-0194612		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	09/11/1998
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on September 11, 1998. The injured worker was diagnosed as having a left below the knee amputation, neuropathic pain, chronic pain syndrome, opioid dependence, gait dysfunction, and right hip pain. Treatment and diagnostic studies to date has included x-rays of the bilateral hips, laboratory studies, prosthesis for left lower extremity, status post multiple surgeries to the left heel, above noted procedure, and medication regimen. In a progress note dated September 09, 2015 the treating physician reports complaints of right hip pain secondary to hopping and right knee pain that was noted to have "improved". Examination performed on September 09, 2015 was revealing for an antalgic gait and left below-the-knee-amputation. On September 09, 2015 the injured worker's medication regimen included Oxycontin (in the form of Percocet since at least March of 2015), Ambien (since at least March of 2015), and Tizanidine (prescriptions since at least March of 2015), but the progress note provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the progress note on September 09, 2015 did not indicate if the injured worker experienced any functional improvement with the use of his medication regimen, but did indicate that the injured worker was unable to go to the gym, but was able to perform chores such as the dishes and caring for his cat. The progress note did not include if these activities of daily living were performed with or without his medication regimen. On September 09, 2015 the treating physician requested a referral for risk management evaluation as a one-time evaluation due to the

chronic use of opioids for a "long period of time", but did not indicate the specific length of time that the injured worker has been on opioids. On September 17, 2015 the Utilization Review determined the request for a risk management evaluation to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Risk Management evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, Chapter 7, page 127 regarding Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction, Opioids, screening for risk of addiction (tests).

**Decision rationale:** According to the guidelines, various tool can be used to assess opioid addiction and risk. In addition, psychological consultation can be recommended to improve effectiveness of medications. In this case, the request was for a risk management evaluation from a pain/Rehab physician. There was no mention of diagnostics or CURE report. The request for risk management consultation is not medically necessary.