

Case Number:	CM15-0020785		
Date Assigned:	02/10/2015	Date of Injury:	04/03/2013
Decision Date:	04/01/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/04/2015

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

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 54 year old female, who sustained an industrial injury on 4/3/13. The injured worker has complaints of right foot and ankle pain that is achy, sharp, stabbing, burning shooting and throbbing. The reports the pain has moved up to knee, right side of the neck, face and left hand. The pain increases with walking, standing, kneeling, squatting, stairs, sitting, lifting and driving. She has had and Magnetic Resonance Imaging (MRI) of the right ankle and foot; three phase bone scan of her feet on 10/24/13; she had a sympathetic block that reduced her pain by 80% for a couple of days, but her pain gradually returned. She has had had physical therapy that made her foot worse and a Transcutaneous Electrical Nerve Stimulation (TENS) unit that had no change in her symptoms. The diagnoses have included reflex sympathetic dystrophy, right lower extremity and chronic regional pain syndrome, right lower extremity. According to the utilization review performed on 1/24/15, the requested Oxycodone 10 mg # 40 has been modified to Oxycodone 10 mg # 30. CA MTUS Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg # 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The reports provided for review show the patient presents with right foot and ankle pain that has moved up to the knee, right side of the neck, face and left hand. The current request is for OXYCODONE 10mg #40 'an opioid' per the 01/05/14 RFA. The patient is Temporarily Totally Disabled. 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. The reports provided for review show the patient failed a trial of Butrans patch partial opioid agonist that was prescribed as early as 10/21/14. This report also states the patient last took Hydrocodone 'an opioid' at the beginning of September 2014 and it was not helpful. The 12/30/14 report states that this medication has been helpful with pain. The 12/30/14 report states that oxycodone along with nortriptyline help daily pain to be tolerable and helps manage breakthrough pain. Pain is routinely assessed through the use of pain scales and is reported to be 7-8/10 from 09/22/14 to 12/30/14. The treater further states that without current pain medication the patient would be unable to perform household chores, stand for longer than 15 minutes or manage pain. However, opiate management issues are not discussed. No UDS's are documented or provided for review. There is no discussion of adverse behavior or CURES. No outcome measures are provided. In this case, there is not sufficient documentation of opiate management to support long-term opioid use as required by the MTUS guidelines. The request IS NOT medically necessary.