

<b>Case Number:</b>	CM15-0060380		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/09/2001
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 45 year old male injured worker suffered an industrial injury on 08/09/2001. The diagnoses included chronic regional pain syndrome, depression and neuropathic pain right lower extremity, and fracture of the fibula and tibia with open repair. The injured worker had been treated with surgical repair and medications. On 3/5/2015 the treating provider reported diffuse tenderness to the right leg, ankle and right foot. The treatment plan included Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCI 30ng, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 45 year old male has complained of right leg pain since date of injury 8/9/01. He has been treated with surgery, physical therapy and medications to include opioids

since at least 09/2012. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioids contract and documentation of failure of prior non-opioids therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not medically necessary.

**Imitrex 50mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head chapter (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**Decision rationale:** This 45 year old male has complained of right leg pain since date of injury 8/9/01. He has been treated with surgery, physical therapy and medications. The current request is for Imitrex. Per the reference cited above, sumatriptan is approved for the treatment of migraine headaches. There is no medical documentation supporting the signs or symptoms of migraine headaches in this patient nor is there documentation of migraine headaches as a diagnosis. On the basis of the available medical documentation, sumatriptan is not medically necessary in this patient.