

Case Number:	CM15-0082430		
Date Assigned:	05/05/2015	Date of Injury:	12/17/2007
Decision Date:	06/03/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female injured worker suffered an industrial injury on 12/17/2007. The diagnoses included right tarsal tunnel syndrome and hammering of the left toes. The injured worker had been treated with right and left foot surgeries (10/3/2014, 12/5/2014 and 1/30/2015) and medications. On 4/16/2015, the treating provider reported she is still having some burning shooting pains in her foot but is minimal. She still stated that the toes do not go all the way completely flat, particularly the third toe. On exam, there was a mild claw toe deformity with some mild dorsal subluxations. The treatment plan included OxyContin and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in December 2007 and continues to be treated for foot pain. Treatments have included multiple bilateral foot surgeries most recently in January 2015. Her postoperative course appears to have been uncomplicated. When seen, OxyContin and Percocet were being prescribed at a total MED (morphine equivalent dose) of 180 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, the continued prescribing of Percocet at this dose was not medically necessary.

Percocet 10/325mg quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in December 2007 and continues to be treated for foot pain. Treatments have included multiple bilateral foot surgeries most recently in January 2015. Her postoperative course appears to have been uncomplicated. When seen, OxyContin and Percocet were being prescribed at a total MED (morphine equivalent dose) of 180 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, the continued prescribing of OxyContin at this dose was not medically necessary.