

Case Number:	CM15-0087533		
Date Assigned:	05/11/2015	Date of Injury:	02/01/2005
Decision Date:	06/12/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/06/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50-year-old male, who sustained an industrial injury on February 1, 2005. He reported bilateral ankle pain. The injured worker was diagnosed as having pain in joint - ankle/foot, pain psychogenic, chronic pain, and infection not otherwise specified - bone/ankle/foot. He was status post left ankle fusion in 2007; status post left ankle hardware removal in 2008, and status post right ankle fusion in August 2-14. Diagnostic studies to date have included x-rays and CT. Treatment to date has included a bone stimulator, a surgical boot, non-weight bearing, crutches, and medications including short-acting and long acting opioid pain, antidepressant, and non-steroidal anti-inflammatory. On April 3, 2015, the injured worker complains of ongoing right ankle and right hip pain related to abnormal gait mechanics. His right ankle pain is the most bothersome. He continues to use a right foot surgical boot. His pain is constant at rest and worsens with ambulation. Medications and avoiding weight bearing on the right lower extremity helps his pain. His current short-acting and long acting opioid pain medications decreased his pain by 50% and improved his function allowing him to walk and complete his activities of daily living. The physical exam revealed an antalgic gait and he was wearing a right surgical boot. There was normal muscle tone and strength of the bilateral lower extremities. The treatment plan includes continuing his current medications, including Oxycontin and Opana IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 50-year-old male with an injury on 02/01/2005. He had bilateral foot/ankle pain. He had a left ankle fusion in 2007 with removal of hardware in 2008. He had a right ankle fusion on 08/02/2014. On 04/03/2015, he had right ankle pain and was using a right foot surgical boot. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. This request is not medically necessary.

Opana IR 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 50-year-old male with an injury on 02/01/2005. He had bilateral foot/ankle pain. He had a left ankle fusion in 2007 with removal of hardware in 2008. He had a right ankle fusion on 08/02/2014. On 04/03/2015, he had right ankle pain and was using a right foot surgical boot. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. This request is not medically necessary.