MAXIMUS Federal Services

Case Number:	CM13-0032535		
Date Assigned:	12/11/2013	Date of Injury:	06/05/2010
Decision Date:	01/22/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old female who reported an injury on 06/05/2010. The mechanism of injury was not provided. She had on-going right ankle and heel pain for which she had received an unknown duration of physical therapy, kenalog injections, and had orthotics. She most recently received a Baxter's nerve release on 11/04/2013 with appropriate follow-up care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CID Management Internal Guideline

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend opioids as an option to treat chronic pain. It is unclear in the medical records provided if this request is for a trial of the medication or an on-going management prescription. Nonetheless, the guidelines recommend urine drug screening prior to initiating treatment as well as frequently during the on-going management. There were no urine drug screens available for review. Guidelines also recommend that baseline pain and functional levels be documented and the effect of the medication be

documented using a VAS scale in order to determine efficacy. There is no objective documentation of pain levels in the most recent available notes. As such, the request for Oxycontin 20mg is non-certified.

ANCEF 2 grams IV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CID Management Internal Guideline

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.druglib.com/druginfo/ancef/indications_dosage/

Decision rationale: The California MTUS, ACOEM, and ODG did not address the use of the requested medication, therefore a supplemental drug information website was used. As indicated per the clinical notes, the Ancef was given preoperatively for prophylactic reasons. The drug information listed on drugLib.com states that Ancef is routinely administered prophylactically to patients undergoing a potentially contaminating procedure, (i.e. vaginal hysterectomy, cholecystectomy, etc.), or those who are at greater risk of a serious infection, (i.e. at least 70 years old, open heart surgeries, and prosthetic arthroplasty). The patient's procedure of a Baxter's nerve release was not characteristic of either of the previous groups. Also, the recommended pre-operative dose is 1gm IV whereas the patient was administered a 2 gm dose. As such, the request for Ancef 2mg IV is non-certified.