

<b>Case Number:</b>	CM14-0126472		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/07/1999
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/10/2014

### 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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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/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:

47 year old male injured worker with date of injury 9/7/99 with related complex regional pain syndrome of the right foot after an amputation of his right second toe, secondary to industrial injury. Per progress report dated 9/24/14, the injured worker rated his pain 9/10 in intensity, usually between 7-9/10. He described aching, burning, pins and needles, stabbing pain, and numbness in the right foot. He walked with an antalgic gait favoring his right leg and using crutches. He wore a right knee brace. He had allodynia around the amputation scar in place of his right second toe. There were calluses and marked tenderness over the right second metatarsal head. Treatment to date has included physical therapy, injections, and medication management. The date of UR decision was 7/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg #360:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals documentation supporting the medical necessity of Oxycodone. The medical records submitted indicate that the injured worker has been able to continue working full time with the use of medications and custom shoe orthotics. Signed pain contract from 2005 was present, and UDS were noted to be consistent with prescribed medications. I respectfully disagree with the UR physician's assertion that evidence of objective functional benefit was not available, continuing to work indicates continued function. The request is medically necessary.