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| Case Number: | CM14-0130871 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 11/20/1980 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 07/14/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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 Internal 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:

The injured worker is a 62 year old male who had a work related injury on 11/20/80 when he was physically assaulted by five men resulting in injuries to his left knee, ankle, low back, and ribcage. Paramedics arrived at the scene and placed him on a gurney. He was transported by ambulance for treatment. He was hospitalized for three weeks. His treatment consisted of drains of his left knee, surgery to his left knee and ankle. He was released with crutches, cane, and prescribed medication. He was seen by pain management specialist. He was prescribed medication. He noted he suffered several falls due to his left ankle and knee giving way. He most recently fell at his home and suffered a broken pinky toe. He developed shoulder pain approximately a year after his injury which he attributed to the use of crutches. His treatment consisted of cortisone injections. He had not received any treatment for his right shoulder. Most recent clinical documentation submitted for review was dated 07/31/14. He followed up for left ankle fusion. He stated his pain was minimal. He was walking in a cast without pain for the last two weeks. The wounds were well healed. Foot was well aligned mild swelling. No localized tenderness. X-rays revealed well aligned left ankle fusion. Status post ankle fusion. He was placed in a walking boot which he used for the next six weeks. He could take it off at home for the last weeks before being seen. In addition he noted significant left greater than right shoulder pain by description pain with any type of forward flexion or abduction, sounded like rotator cuff tear. This was due to his ankle problem with his chronic intermittent use of cane and crutch on left side. Prior utilization review dated 07/15/14 was determined not medically necessary. Current request was for oxycodone IR 30mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 30 mg # 50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, ANKLE AND FOOT (ACUTE AND CHRONIC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications which is required by guidelines. Most recent clinical documentation submitted for review was dated 07/31/14. He followed up for left ankle fusion. He stated his pain was minimal. He was walking in a cast without pain for the last two weeks. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. This request is not medically necessary.