

Case Number:	CM15-0110819		
Date Assigned:	06/17/2015	Date of Injury:	11/14/2006
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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 injured worker is a 57 year old male, who sustained an industrial injury on 11/14/06. The injured worker has complaints of left ankle/foot pain with associated swelling and weight-bearing intolerance. The documentation noted on examination of the left ankle/foot reveals post-operative changes/deformity including pes planus/atrophy/vascular changes; the posterior calcaneus, a transverse fissure of the dermis is noted without drainage and tenderness to palpation ankle and calcaneus hindfoot. The diagnoses have included status post crush injury; cervical musculoligamentous strain/strain with an attendant right upper extremity radiculitis; status post right shoulder rotator cuff repair and lumbar musculoligamentous sprain/strain. Treatment to date has included home exercise program; ice application; transcutaneous electrical nerve stimulation unit and oxycontin. The request was for oxycontin 60mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2006 and continues to be treated for left ankle and foot pain after a crush injury. Medications are referenced as decreasing pain from 8/10 to 4/10 with improved activities of daily living tolerance. When seen, there were expected postoperative findings unchanged from previous examinations. There was left lower extremity atrophy and no movement at the left ankle secondary to a surgical fusion. Medications being prescribed include OxyContin 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 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. Ongoing prescribing at this dose was not medically necessary.