

<b>Case Number:</b>	CM15-0117087		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 42 year old female who sustained an industrial injury on 09/23/2009 when she was involved in a motor vehicle accident and resulting in pain to the low back and left ankle fracture. Treatment provided to date has included: an open reduction internal fixation of the left ankle (2009) with hardware removal (2010); allograft ankle replacement (2013) with subsequent fusion (2014); physical therapy; lumbar sympathetic injection (2014) resulting in a 75% decrease in leg pain; medications (oxycodone, Prilosec and Lyrica); and conservative therapies/care. Diagnostic tests performed include: CT scan of the left ankle showing non-union of the bony structures. Co-morbidities included diabetes and obesity (BMI 42). There were no noted co-morbidities or other dates of injury noted. On 05/28/2015, physician progress report noted complaints of ongoing left ankle pain. The pain was not rated and no description was provided. Additional complaints included increased nausea and gastrointestinal distress due to the weaning of Prilosec and the continued use of oxycodone and Lyrica. A lumbar sympathetic injection (07/01/2014) was noted to have resulted in a 75% decrease in leg pain, 20% decrease in medication use, and a moderate increase in activity levels and endurance. Although the injured worker had been prescribed oxycodone since at least 09/2014, there were no measurable pain evaluations found in the medical records. Current medications include oxycodone, Prilosec and Lyrica. The physical exam revealed improved leg swelling in brace, and no fusion of the left ankle. It was noted that a CURES/narcotic contract was on file and reported as "ok". The provider noted diagnoses of left ankle non-fusion status post multiple surgeries, complex regional pain syndrome to the left leg (stable), status post lumbar sympathetic injection with

moderate relief, obesity, and Prilosec not authorized by carrier (citing one study showing increased hip fractures after one year). Plan of care includes weight loss program with goal to lose 100 pounds, additional left ankle surgery (revision scheduled 06/16/2015), continued home exercise program, continued medications (oxycodone 30mg 4 times daily #120, Prilosec 20mg twice daily #60, Lyrica 75mg twice daily #60, and Zofran 8mg #8 for post-operative symptoms), urine toxicology screening at next visit to verify compliance, and follow-up/re-evaluation in one month. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: oxycodone 30mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Oxycodone 30mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-90.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** MTUS discourages long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of oxycodone (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Although the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; or 7) improvement in function; there does appear to be extenuating circumstances for this injured worker as her previous surgeries have failed. In addition, there has been a reported reduction (20%) in medication use since the sympathetic lumbar injection, as well as the fact that the injured worker is awaiting additional revision surgery to the left ankle. As such, the continued use of oxycodone 30mg 4 times daily #120 is medically necessary.