

Case Number:	CM15-0098290		
Date Assigned:	05/29/2015	Date of Injury:	09/23/2009
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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 42 year old female, who sustained an industrial injury on 09/23/2009. The mechanism of injury was not made known. According to the most recent progress report submitted for review and dated 04/02/2015, the injured worker was status post left lumbar sympathetic injection on 07/01/2014 with 75 percent pain relief in the leg. Medication use had decreased by approximately 20 percent. Functional ability had increased moderately with increase in activity level and endurance. Prior to the injection, walking tolerance before was ½ blocks, now 2-3 blocks; and sleep before 2 hours, now 6 hours. Prilosec was being weaned by the carrier. She had increased gastrointestinal distress with nausea from Oxycodone and Lyrica. Objective findings demonstrated swelling of the left leg had improved and was in a brace, straight leg raise was negative and no fusion of the left ankle. The foot orthopedist recommended reconstruction/fusion. Diagnoses included left ankle non-fusion status post multiple surgeries, complex regional pain syndrome left leg stable, status post lumbar sympathetic injection with moderate relief, obesity and Prilosec not authorized by carrier. Treatment plan included [REDACTED] or [REDACTED] with goal to lose 100 pounds, surgery for the left ankle, home exercise program, Oxycodone, Prilosec, Lyrica and Zofran. Currently under review is the request for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in September 2009 and continues to be treated for left leg pain with a diagnosis of CRPS. Treatments have included a lumbar sympathetic block with reported 75% pain relief. When seen, there had been a moderate increase in activity level and endurance. Physical examination findings included negative straight leg raising. Medications being prescribed included oxycodone in 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. Additionally, there is no there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of oxycodone was not medically necessary.