

Case Number:	CM14-0147478		
Date Assigned:	09/15/2014	Date of Injury:	02/01/2005
Decision Date:	10/22/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 02/01/2005. The mechanism of injury was not specified. The diagnoses included pain in his right ankle joint and foot, infection in the bone in his ankle, and psychogenic pain. Past treatments included medications and multiple surgeries. The diagnostic studies included a CT on 05/07/2012 of the left foot that revealed status post ankle and hind foot fusion. His surgical history included multiple left ankle surgeries in 2006 and 2007. He is status post left total ankle arthrodesis and hardware removal in 2008 and right subtalar fusion on 08/20/2014. On 09/05/2014, the injured worker complained of constant right ankle pain, with his pain level at 7/10. He stated without pain medication, he would not be able to maintain self-care or move around independently. The physical exam findings noted he did not exhibit acute distress, anxiety, pain, confusion, fatigue, lethargy, suicidal ideations. He was noted to have an antalgic gait and was using crutches. Medications included Oxycontin 80 mg, Opana IR 10 mg, nabumetone 100 mg, and venlafaxine ER. The treatment plan indicated to increase Opana IR temporary up to 6 tablets per day instead of 3 tablets per day, and continue taking Oxycontin. The rationale for the request was that Oxycontin brought his pain from 10/10 to 7/10 and Opana IR helped to further bring down his pain to 2-3/10 since his surgery. The Request for Authorization form was provided on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCONTIN 80MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

Decision rationale: The injured worker has a history of pain in his ankle joint and foot, infection in his bone in the ankle and psychogenic pain. The California MTUS Guidelines state for ongoing management of opioid use there should be 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 the 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. Furthermore, guidelines recommend that dosing not exceed 120 mg of oral morphine equivalents per day, and for those taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Moreover, the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be used for monitoring purposes for ongoing management of opioid use. The injured worker had subjective complaints of constant right ankle pain and his pain level was 7/10. His dosages of Oxycontin and Opana together equal 450 mg of oral morphine equivalents per day, which exceeds the maximum dosing recommendation of 120mg per day. Therefore, the necessity of ongoing use of Oxycontin is not established. As such, the request for 1 prescription of Oxycontin 80MG with a quantity of 90 is not medically necessary.

1 PRESCRIPTION OF OPANA IR 10MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

Decision rationale: The injured worker has a history of pain in his ankle joint and foot, infection in his bone in the ankle and psychogenic pain. The California MTUS Guidelines state for ongoing management of opioid use there should be 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 the 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. Furthermore, guidelines recommend that dosing not exceed 120 mg of oral morphine equivalents per day, and for those taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Moreover, the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be used for monitoring purposes for ongoing management of opioid use. The injured worker had subjective complaints of constant

right ankle pain and his pain level was 7/10. His dosages of Oxycontin and Opana together equal 450 mg of oral morphine equivalents per day, which exceeds the maximum dosing recommendation of 120mg per day. Therefore, the necessity of ongoing use of Opana is not established. As such, the request for 1 prescription of Opana IR 10MG with a quantity of 90 is not medically necessary.