

Case Number:	CM14-0153555		
Date Assigned:	09/23/2014	Date of Injury:	09/04/2002
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 63-year-old male with a 9/4/02 date of injury. The mechanism of injury occurred when a 1200-pound cart tipped over on top of him and hit his right ankle and right knee. According to a progress report dated 8/14/14, it was noted that the patient takes Oxycontin 80mg 2 tablets BID, OxyIR 15mg q4h as needed for pain, and Norco as needed. He is much more functional with his medications, he is up out of bed and ambulatory. He is physically active and does exercises to reduce his overall level of pain. Objective findings: mild amount of anxiety due to concern of withdrawal symptoms, tenderness to palpation of knees, difficulty with mobility activities. Diagnostic impression: industrial-related comminuted right Pilon fracture/trimalleolar fracture with subsequent osteomyelitis and arthrodesis, chronic pain syndrome, impaired gait, right meniscal surgery, chronic low back pain. Treatment to date: medication management, activity modification, surgery, physical therapy, epidural steroid injections. A UR decision dated 8/22/14 modified the request for Oxy IR from 280 tablets to 140 tablets for weaning purposes. The patient is also taking Oxycontin and Norco, continuation at this dose is not medically warranted, and a slow tapering schedule should be implemented immediately.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 5mg #280: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin; Opioids, criteria for use; Opioids, dosing; Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2002 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, in the reports reviewed, there is no documentation of significant pain reduction. There is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, according to the patient's opioid medication regimen, without including Norco because the dosage was not specified, the patient's daily MED is calculated to be 615. Guidelines do not support daily MED above 200 due to the risk of adverse effects, such as sedation. Finally, this is a request for Oxy IR 5mg, however, in the reports provided for review, the patient is taking Oxy IR 15mg. It is unclear which formulation of Oxy IR he is actually taking. Therefore, the request for Oxy IR 5mg #280 is not medically necessary.