

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0022300 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 04/22/2007 |
| Decision Date: | 02/11/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/10/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 patient is a 46-year-old male with a date of injury of April 22, 2007. The patient has chronic left lower extremity pain and confusion of the left knee. There is continuous throbbing pain in the left lower extremity over the side of the fusion, severe cramps in his legs, with pain radiating to the left hip and back. He has had recurrent MRSA infections in the left lower extremity. Patient reports a 50% functional improvement with medications. His pain scale is seven or eight out of 10. Other diagnoses include depression, hypertension, obesity and diabetes type II. The patient has been taking Percocet and MS Contin continuously and takes Lyrica for neuropathic pain. A report dated 6/26/13 recommended weaning of Percocet to 4 pills per day and MS Contin to BID not TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #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): 80.

Decision rationale: CA MTUS chronic pain guidelines page 80 discusses the continuation of opioid use. The treating physician states the patient has 50% increased function but does not document what improved. The patient is still restricted from work and is having continuous pain from his knee fusion and skin grafts. This may not be the best treatment regimen for the patient. It does give some relief, however, there does not seem to be enough relief to adequately increase the patient's lack of function due to pain. The records do not demonstrate functional improvement, therefore the request for continued this medication is not medically necessary.

Percocet 10/325mg #150: 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): 80.

Decision rationale: CA MTUS chronic pain guidelines page 80 discusses the continuation of opioid use. The treating physician states the patient has 50% increased function but does not document what improved. The patient is still restricted from work and is having continuous pain from his knee fusion and skin grafts. This may not be the best treatment regimen for the patient. It does give some relief, however, there does not seem to be enough relief to adequately increase the patient's lack of function due to pain. The records do not demonstrate functional improvement, therefore the request for continued this medication is not medically necessary.