

Case Number:	CM14-0014033		
Date Assigned:	02/21/2014	Date of Injury:	05/04/2004
Decision Date:	08/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 51-year old male who was injured on 5/4/04. He was later diagnosed with chronic left foot pain associated with tibial sesamoid fracture, sesamoiditis, heel spur, low back pain (lumbar strain), right hip pain, secondary depression and insomnia due to chronic pain. He was surgically treated (left foot) on 10/30/08. Later, on 2/20/13, his podiatrist recommended he have surgery on his left foot again to remove hardware, and a second opinion of another surgeon concurred (although the surgery had not been performed at the time of this request). He has been using oral medications, including NSAIDs as needed and opioids daily chronically over the years. The worker was seen by his neurologist on 10/29/13 complaining of continued left foot pain and numbness, low back and right hip pain due to his abnormal gait, as well as his depression and insomnia. His overall pain level was rated at 6/10 on the pain scale with medication use, which included Naproxen, Diclofenac gel, and Percocet, and 10/10 without these medications. Physical examination was significant for mild tenderness paralumbar muscles, antalgic gait, tenderness on dorsal and plantar sides of his left foot with valgus deformity of the left big toe. Also, tenderness of the right hip with limited range of motion was found in the right hip. He was recommended to continue his medications, and see his surgeon to discuss the potential upcoming surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325 1 three times per day as needed #100 Per Month (Unspec Refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there seems to be benefit to the Percocet use at reducing his pain, however, there was no mention of the specific functional improvements related to its use. Also, there was no specific number of refills requested. Therefore, without the appropriate documentation and a complete request with number of refills, the Percocet is not medically necessary.

Naproxen Sodium 550 mg 1 tab twice per day as needed (Unspecified Quantity Or Refills):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, the prescribing physician had been prescribing Naproxen 550 mg for twice daily use (for intermittent use), however, this request is being made every month, suggesting that the worker had been using it daily and chronically, which is not recommended. Therefore the Naproxen is not appropriate to continue on a daily basis as such, and is not medically necessary.