

Case Number:	CM14-0070531		
Date Assigned:	07/14/2014	Date of Injury:	04/27/2007
Decision Date:	08/21/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 and Rehabilitation 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 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 47-year-old male with a reported injury on 04/27/2007; the mechanism of injury occurred when a client kicked him while he was performing duties as a caregiver. The injured worker had an examination done on 04/28/2014 with complaints of constant, throbbing pain to his left leg and inability to bend his knee secondary to surgical fusion. He also reported burning sensation in that leg as well. He rated his pain at 8/10 and indicated at best it was 7/10 with his medications. Prior treatments included medications. The medication list included MS-Contin, Percocet, Lyrica, and occasionally baclofen. The physical examination did not show any range of motion or functional deficits. The report did state that his passive range of motion of the left hip and joint was very painful with abduction and extension. The provider indicated the injured worker had 50% improvement with the medications and his urine drug screens were consistent. The injured worker's diagnoses consisted of history of left lower extremity pain, history of left knee arthroscopy with development of MRSA (staphylococcus infection), skin graft to the left thigh with a small open sore, nonindustrial medical problem such as hypertension, obesity, diet-controlled diabetes, and COPD (Chronic Obstructive Pulmonary Disease). The injured worker has undergone several procedures ultimately requiring a surgical fusion of the knee. He developed multiple stress fractures in the left femur and tibia requiring an ORIF (Open Reduction and Internal Fixation) procedure due to osteopenia in the left lower extremity. The recommended plan of treatment was to resume and refill his medications including MS-Contin, Percocet, and Lyrica. The request for authorization was signed and dated on 04/30/2014. The provider recommended the medications as they help reduce the injured worker's pain and increase his function.

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 Opioids, Morphine sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80, 86.

Decision rationale: The California MTUS Guidelines recommend ongoing monitoring and documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The California MTUS Guidelines also do suggest discontinuing the opioids if there is no overall improvement in function unless there are extenuating circumstances. The California MTUS Guidelines also do not recommend for multiple dosing of opioids for the dose to not exceed over 120 mg of morphine equivalence per day. The provider indicated the injured worker's pain was reduced to 7/10 with medications from 8/10 without medications. The provider also noted the injured worker had a 50% improvement in pain with the medications. There were no side effects reported. The provider noted the injured worker's urine drug screens were consistent and there was no evidence of potentially aberrant drug-related behaviors. There is a lack of documentation which demonstrates VAS scores which are reduced by half with the medications. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The total morphine equivalent dose for this medication along with the other opioid is 310 mg which is over the recommended amount of 120 mg per day. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the MS-Contin 60 mg #90 is not medically necessary.

Percocet 10/325 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80, 86.

Decision rationale: The California MTUS Guidelines recommend ongoing monitoring and documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The California MTUS Guidelines also do suggest discontinuing the opioids if there is no overall improvement in function unless there are extenuating circumstances. The California MTUS Guidelines also do not recommend for multiple dosing of opioids for the dose to not exceed over 120 mg of morphine equivalence per day. The provider indicated the injured worker's pain was reduced to 7/10 with medications from 8/10 without medications. The provider also noted the injured worker had a 50% improvement in pain with the medications. There were no side effects

reported. The provider noted the injured worker's urine drug screens were consistent and there was no evidence of potentially aberrant drug-related behaviors. There is a lack of documentation which demonstrates VAS scores which are reduced by half with the medications. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The total morphine equivalent dose for this medication along with the other opioid is 310 mg which is over the recommended amount of 120 mg per day. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Percocet 10/325 mg #150 is not medically necessary.