MAXIMUS Federal Services

Case Number:	CM14-0192690		
Date Assigned:	11/26/2014	Date of Injury:	08/19/2012
Decision Date:	01/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 North Carolina. 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 female was injured on 08/19/2012 while employed. She complained of right ankle pain. As per primary treating physicians progress report on 10/08/2014 the injured worker previously received an injection to the right ankle that provided minimal pain relief. She was noted to have continued tenderness over the anterior aspect of the ankle, no evidence of instability noted or tenderness over the peroneal tendons, minimal Tinel sign along the medical aspect of the right ankle was noted along with a very tight Achilles tendon with a positive silfverskiold test. Diagnoses were sprain of ankle, unspecified site right and contracture of tendon (sheath), right ankle sprain with chronic pain, right peroneal tendonitis and right tarsal tunnel syndrome. Per documentation a nerve conduction study/electromyography was performed on 09/25/2014 revealed no significant evidence of tarsal tunnel syndrome. Plan of care included an ankle arthroscopy - extensive debridement, post op pain medication Norco and if Norco is ineffective then Percocet. No evidence of ankle arthroscopy with extensive debridement was submitted in medical records for this review. The injured worker was noted to be working a modified duty with restrictions. The Utilization Review dated 11/03/2014 non-certified the request for Percocet 10/325mg #60 as not medically necessary due to not have evidence of extensive debridement in medical records requiring postoperative narcotic medication. The reviewing physician referred to CA MTUS and ODG for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management:On-Going Management. Actions Should Include:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from asingle pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: 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 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of thesecontrolled drugs. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested tokeep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dosepain. It should be emphasized that using this diary will help in tailoring the opioid dose.This should not be a requirement for pain management.(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poorpain control.(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drugescalation, drug diversion).(g) Continuing review of overall situation with regard to nonopioid means of paincontrol.(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioidsare required beyond what is usually required for the condition or pain does not improveon opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence ofsubstance misuse.When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)Opioid therapy is indicated in the treatment of pain in certain conditions. In this case the request is for post-operative pain control. However, the utilization review did not certify the surgery. There is no included documentation that shows the surgery was performed. Therefore the need for post-operative pain control has not been established in the absence of documentation of the surgery actually being approved. Therefore the request is mot certified.