

Case Number:	CM14-0195732		
Date Assigned:	12/03/2014	Date of Injury:	05/20/2013
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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 Practice 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:

This is a 50 year old male who suffered a work related injury on 05/20/2013. Treatment has included arthroscopy with chondroplasty on 12/30/2013, physical therapy, chiropractic sessions and medications. A progress note dated 10/14/2014 documents diagnoses as right tarsal tunnel syndrome, right Achilles tendon partial rupture-healed, and right talus fracture with osteochondral defect on Magnetic Resonance Imaging scan. He continues to complain of right hip pain, bilateral knee pain and bilateral ankle pain with pain and numbness extending to the toe's which he rates as 4/10 on VAS (visual analog scale) with increases to an 8/10 on VAS without medication. Gait is antalgic and the injured worker utilizes a single point cane for ambulation. There are no trophic changes, no evidence of atrophy and no erythema. There is tenderness over the mid foot or calcaneus right ankle. X ray of the right ankle done on 6/29/2014 showed no acute osseous abnormality of the right ankle, and an ultrasound done the same day was negative for evidence of deep venous thrombosis in the right lower extremity deep veins. The injured worker is temporarily partially disabled. Treatment requested is for Percocet 10/325mg # 90, 1 tab every 4 hours. Utilization Review dated 10/31/2014 modifies the request for Percocet 10/325mg, # 90, 1 tab every 4 hours to weaning of Percocet 10/325mg, # 81. Cited for this determination were the California MTUS Guidelines criteria. The requested Percocet 10/325mg, # 90 was modified to 81 tablets (10% reduction). Chronic ankle pain is not an indication with literature support for opiates such as Percocet as a first-line medication. Based on this and in the absence of physician contact, this treatment is modified to taper to wean medication 10% each month and if this is not possible referral to an opiate dependency specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #90 1 tab every 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for ankle pain. Opioids are not 1st line for ankle pain. There is no indication of failure of Tylenol or NSAID. The continued use of Percocet is not medically necessary.