

Case Number:	CM14-0203851		
Date Assigned:	12/16/2014	Date of Injury:	12/12/2012
Decision Date:	02/25/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 34 year old male with an injury date on 12/12/12. The patient complains of pain/sensitivity/swelling in the bilateral ankles, and pain in the bilateral lower extremities per 10/15/14 report. The patient has difficulty ambulating, as well as difficulty with his activities of daily living secondary to his painful condition. The patient's bilateral ankle pain/stiffness is worse on the left than on the right per 7/1/14 report. The patient states that although symptoms are worse on the left, the right side is now becoming similar with changes in the hair distribution of his feet/ankles, temperature changes, swelling, and random bruising per 7/1/14 report. Based on the 10/15/14 progress report provided by the treating physician, the diagnoses are: 1. arthritic condition, bilateral ankles 2. peripheral neuropathy of bilateral lower extremities affecting bilateral ankles 3. CRPS, affecting bilateral ankles and feet A physical exam on 10/15/14 showed "bilateral ankle range of motion is limited. diminished sensation from the ankles to the toes bilaterally." The patient's treatment history includes medications, walking aids, left walking boot. The treating physician is requesting percocet 10/325mg #60. The utilization review determination being challenged is dated 11/5/14. The requesting physician provided treatment reports from 7/1/14 to 1/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with bilateral ankle pain, pain in bilateral lower extremities. The treater has asked for Percocet 10/325MG, #60 on 10/15/14. The patient has been taking Percocet since 7/29/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs (activities of daily living), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater does not indicate a decrease in pain with current medications which include Percocet. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS the request is not medically necessary.