

<b>Case Number:</b>	CM14-0087958		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 51 year old male with a work injury date of 05/20/2013. He states he was stepping off the catwalk of a truck when he caught a portion of the step in the belly pan of the truck and felt a pop in his right ankle. He underwent examination and x-rays and was advised that he had possibly torn his Achilles tendon. He was placed in a boot, placed off work and provided medication. The following week he was re-evaluated and MRI was done but did not pin point the tear. He continued to wear the boot and was treated for a tear over the next 4 months while remaining off work. EMG/NCV revealed abnormal findings. On December 30 or 31, 2013, he underwent arthroscopic surgery (for ankle leaking bone marrow). In February 2014 a repeat MRI revealed (by history) there was a leakage of bone marrow in his ankle. He was referred for a surgical consult. The injured worker (IW) continued to complain of right ankle pain with swelling and discoloration. On 02/26/2014 MRI of right ankle showed slightly decreased intensity of the subchondral bone marrow edema involving the medial talar dome with stable overlying severe cartilage thinning compatible with an early osteochondral defect. The cortical bone plate was intact without depression. It also showed trace tibiotalar effusion. On 5/8/14, the worker was seen by his treating physician with left knee pain, bilateral ankle pain, and bilateral greater trochanteric pain, all rated 7/10 on the pain scale. Physical exam of the right ankle revealed no bruising or discoloration, but had antalgic gait. Motor and sensory examination was grossly symmetric. Diagnoses included:- Right tarsal tunnel syndrome- Right Achilles tendon partial rupture, healed- Right talus fracture with osteochondral defect on MRI scan He had a history of borderline hypertension and emphysema. Current medications were Celebrex,

Percocet and Prilosec. On 05/08/2014 the provider requested Percocet 10/325 mg one by mouth every 4 hours # 180. On 05/22/2014 utilization review issued the following decision stating; The request is modified to Percocet 10/325 mg # 80 with the understanding that a specific treatment plan will be presented for the reduction and discontinuation of the opioid medication or the requesting physician will offer more detailed and more specific clinical information supporting continued use. Guidelines cited were CA MTUS 2009 chronic pain, page 9, 74 and pages 78-79. The request was appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg Qty 80 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued 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 was insufficient evidence from the documentation provided that the provider completed this full review regarding his Percocet use. There was no report of any measurable functional gains or pain reduction directly related to the Percocet use on a regular basis. Therefore, the Percocet will be considered medically unnecessary without this evidence of benefit.