

Case Number:	CM15-0004442		
Date Assigned:	01/15/2015	Date of Injury:	10/17/2008
Decision Date:	03/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/08/2015

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 & Rehabilitation

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 52 year old female, who sustained an industrial injury on October 17, 2008. She has reported a student putting his chair on her foot with all his weight. The diagnoses have included ankle pain, and ankle enthesopathy. Treatment to date has included medications. Currently, the IW complains of continued ankle pain, with swelling. Physical findings on July 9, 2014, are swelling, sensations intact to light touch, pulses present, no difficulty with flexing and extending the ankles, and tenderness is noted along the peroneals. On, December 10, 2014, Utilization Review non-certified Percocet 10/325 mg, quantity #120, and Lyrica 75 mg, quantity #60, based on MTUS guidelines. On January 7, 2014, the injured worker submitted an application for IMR for review of Percocet 10/325 mg, quantity #120, and Lyrica 75 mg, quantity #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 07/09/2014, the only one report provided, this patient presents with bilateral ankle pain and discomfort; continue to have good and bad days. The current request is for Percocet 10/325mg #120. This medication was first noted in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate 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, adverse side effects, and aberrant 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 documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4As as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.

Lyrica 75 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs ;Pregabalin (Lyrica) Page(s): 18-19.

Decision rationale: According to the 07/09/2014, the only one report provided, this patient presents with bilateral ankle pain and discomfort; continue to have good and bad days. The current request is for Lyrica 75mg #60. The patient's work status is work regular duties. Regarding Lyrica for pain, MTUS Guidelines recommend it for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Lyrica was first mentioned in this report and it is unknown exactly when the patient initially started taking this medication. In this case, the provided reports the, treating physician does not document whether or not the use of Lyrica has resulted in any pain and functional improvement. MTUS pg. 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. This request IS NOT medically necessary.