

Case Number:	CM15-0144773		
Date Assigned:	08/05/2015	Date of Injury:	03/17/2006
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female, who sustained an industrial injury on 03-17-2006. She has reported injury to the left knee. The diagnoses have included complex regional pain syndrome, type I, left lower extremity; left knee osteoarthritis; and status post spinal cord stimulator implantation. Treatment to date has included medications, diagnostics, physical therapy, and spinal cord stimulator implantation. Medications have included Percocet, Lidoderm Patch, Ibuprofen, Neurontin, Cymbalta, Promethazine, and Prilosec. A progress note from the treating physician, dated 05-20-2015, documented a follow-up visit with the injured worker. The injured worker reported left lower extremity pain; left hip pain radiating down to the left foot; the pain at present is 9 out of 10 on the pain scale; the pain varies with the weather; episodes of swelling in the left lower extremity from the knee to the left hip; the swelling causes increased pressure throughout her leg and therefore increased pain in her knee affecting her ambulation; she continues to apply Lidoderm patches to the IPG (implantable pulse generator) site and on occasion to her leg where she has nerve type pain; this allows her reduced pain and better range of motion and ambulation when this pain is controlled; she had reduced her Percocet to three, and it was difficult to be functional with three a day; she rates her pain as 10 out of 10 on the pain scale without her medications; the pain is rated at 5 out of ten with her pain medications; she has tried and failed physical therapy; and with her medications she is able to participate in activities of daily living. Objective findings included in mild distress; difficult getting on and off the exam table, she places more pressure on the right foot than left; knee kept in slightly flexed position; range of motion is guarded and limited with flexion and extension of left knee; she

remains hypersensitive with light touch with dysesthesia and allodynia; left hip pain with abduction, guarded with range of motion; and gait antalgic for left knee, has leg length discrepancy with cane. The treatment plan has included the request for Percocet 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in March 2006 and is being treated for left lower extremity pain including a diagnosis of CRPS. Treatments have included medications and a spinal cord stimulator. Medications are referenced as providing up to 50% pain relief and allowing for activities of daily living and light activities within her limits. When seen, she had pain rated at 9/10 after trying to decrease her Percocet dose. The spinal cord stimulator was providing good coverage. She was having increased left lower extremity pain and swelling due to cold weather. Physical examination findings included a BMI of over 40. There was decreased and guarded left lower extremity range of motion with hyperemotivity. There was difficulty when transitioning positions. Percocet is being requested at a total MED (morphine equivalent dose) of 75 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are allowing for increased activities of daily living and activity tolerance and had previously provided decreased pain. Attempts at decreasing the dose appear to have been unsuccessful. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.