

<b>Case Number:</b>	CM15-0146786		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	09/30/2009
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 57-year-old male who sustained a work related injury September 30; 2009. Past history included open reduction, internal fixation and a subsequent nonunion repair in 2011, hepatitis and arthritis. An x-ray (3 views) of the left ankle, performed November 25, 2014 (report present in medical record) revealed interval; progression of severe tibiotalar arthrosis; status post open reduction and fixation of distal tibia and fibular fractures with posttraumatic deformity. A physician's office visit May 19, 2015, documents the injured worker has varus deformity of both hind feet with constant pain. He has been on long-term narcotics including morphine and Oxycodone in addition to medical marijuana. He uses a cane and a walker to ambulate around the house. Vascular studies were performed in anticipation for possible hind foot fusion and correction of the varus deformity. According to a pain management's physician' assistants progress notes, dated July 20, 2015, the injured worker presented for medication maintenance. He was sent on May 29, 2015, for an updated urine drug screen and liver function tests but the injured worker stated they were not completed. He is to bring confirmation of test completion when he returns next week for a visit. The injured worker complains of pain in the bilateral ankles and feet. He rated the pain 7 out of 10 with medication and he wakes up at least two times during the night due to pain. Physical examination revealed; both legs are red swollen and edematous; anxious mood. Diagnoses are pain in joint ankle foot, bilateral; difficulty walking; neuralgia; depression; chronic insomnia. At issue, is the request for authorization for Kadian and Endocet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (long acting); Kadian (Morphine).

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

**Decision rationale:** The claimant sustained a work-related injury in September 2009 and is being treated for chronic bilateral ankle and foot pain. Medications are referenced as decreasing pain from 10/10 to 7/10 with a tolerable level of pain of 6/10. When seen, he was in some distress due to pain. There was lower extremity redness and edema. Kadian and Endocet were prescribed with Endocet being taken up to 6 times per day. The total MED (morphine equivalent dose) was in excess of 120 mg per day. Urine drug testing had previously been positive for THC. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended and there has been concern over previous urine drug test results. Despite the doses being prescribed, the claimant has an intolerable level of pain. Ongoing prescribing was not medically necessary.

**Endocet 10/325mg #42:** Upheld

**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, (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in September 2009 and is being treated for chronic bilateral ankle and foot pain. Medications are referenced as decreasing pain from 10/10 to 7/10 with a tolerable level of pain of 6/10. When seen, he was in some distress due to pain. There was lower extremity redness and edema. Kadian and Endocet were prescribed with Endocet being taken up to 6 times per day. The total MED (morphine equivalent dose) was in excess of 120 mg per day. Urine drug testing had previously been positive for THC. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended and there has been concern over previous urine drug test results. Despite the doses being prescribed, the claimant has an intolerable level of pain. Ongoing prescribing was not medically necessary.