

Case Number:	CM15-0163787		
Date Assigned:	09/01/2015	Date of Injury:	01/01/1994
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/20/2015

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, Hawaii
 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 64 year old male, who sustained an industrial injury on January 1, 1994. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lower back pain, chronic pain, pain in ankle and foot joint, and osteoarthritis. The medical records refer to a urine toxicology screen on February 17, 2015, but the results were not included in the provided medical records. Surgeries to date have included right ankle fusion times five. Treatment to date has included a cane, trigger point injections, and medications including short-acting and long-acting opioid analgesic, topical analgesic, muscle relaxant, antianxiety, and histamine 2 antagonist. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension, arthritis, and cognitive impairment and learning disability. On March 19, 2015, the injured worker reported continued pain of the low back, right knee, and right ankle. He reported the right ankle was very tender and a sharp electric pain along the lateral aspect of the right malleolus with light touch. He reported the right knee had not been swelling and currently had left knee pain due his having a limp. His average pain was rated 9 out of 10, with the most severe pain in the evenings and for several hours in the early morning. He awakens twice a night and has to take pain medications. The physical exam revealed moderate distress with an antalgic gait. There were muscle spasms in the traps and lower lumbar with tenderness to palpation. There was left knee medial joint line tenderness. There was painful flexion and extension, crepitus, no range of motion, and lateral aspect tenderness to palpation of the right ankle. The treatment plan includes Oxycodone HCL and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the hip, low back, and left knee. The current request is for Oxycodone HCL 15mg #140. The treating physician states in the report dated 2/17/15, "He states he tries to help out with cleaning around the house as tolerated but will have more pain. Continue Oxycodone HCI Tablet, 15MG, 1 tablet as needed, orally, every 6 hours, as needed." (31B) For chronic opiate use, the 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 4A's (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 treating physician has documented that the patient is barely able to perform ADLs and has not had a decrease in pain. Additionally, the treating physician did not document if the patient has had any side effects to the medication or if the patient has had any aberrant behaviors. The current request is not medically necessary.

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the hip, low back, and left knee. The current request is for Percocet 10/325mg #240. The treating physician states in the report dated 3/19/15, "Pt. reports average pain 9/10 all the time. Refill Percocet Tablet, 10-325MG, 1 to 2 Tablets as needed, orally, every 4 to 6 hours." (29B) For chronic opiate use, the 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 4A's (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 treating physician has documented that the patient is barely able to perform ADLs and has not had a decrease in pain. Additionally, the treating physician did not document if the patient has had any side effects to the medication or if the patient has had any aberrant behaviors. The current request is not medically necessary.

