

Case Number:	CM15-0190722		
Date Assigned:	10/02/2015	Date of Injury:	10/07/2013
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 52 year old male, who sustained an industrial injury on 10-7-13. The injured worker was diagnosed as having posttraumatic daily intractable headaches; posttraumatic left median nerve neuropathy; complex regional pain syndrome -Type I, left hand-forearm; Traumatic injury of left wrist with impairment-ranges of motion; worsening numbness - weakness left hand; posttraumatic arthritis left knee; pain left shoulder;-left ankle; post-surgery compound fracture left tibia-fibula with abnormal skin left medial calf area with hypersensitivity; major depression-panic attacks; traumatic right inguinal hernia; hypertension; chronic myofascial pain syndrome-cervical thoracolumbar spine. Treatment to date has included physical therapy; chiropractic therapy; trigger point injections; medications. Diagnostic Studies include a EMG- NCV bilateral upper extremities (3-12-15); MRI left knee (4-24-15); MRI of the Lumbar Spine (5-18-15). His mechanism of injury for his industrial claim resulted in traveling in a vehicle; being struck from behind by a motor vehicle and then pushed into traffic and being hit head on by another vehicle. Currently, the PR-2 notes dated 7-27-15 indicated the injured worker returns to this office for further evaluation and has reported having constant pain in his left shoulder.

The provider documents the left shoulder pain as "8 out of 10, as well as constant intractable pain in his left hand and wrist. He has had constant neck pain that has varied from 6-8 out of 10 on a pain scale of 1-10 without medications. In additional he reports having frequent pain in his left leg and has been ambulating with the aid of a cane or a walker. He feels that his depression, anxiety and difficulty sleeping has been getting worse. He reports being unable to bend, stoop or lift and notes he has much more trouble performing walking, bathing, and cooking due to his

current level of pain and discomfort. He is able to sit and socialize with some difficulty." The provider documents Objective Findings: "He presented a very depressed and tearful individual who was cooperative and oriented x3. The ranges of motion of the cervical spine were slightly-to-moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, and infraspinatus muscles of the left side of the cervical spine as well as in the intrascapular area, thoracic and lumbar paraspinal musculature in addition to the gluteal muscles. Neck compression test was positive. The ranges of motion of the left shoulder, left knee and left elbow were all moderately decreased in all directions while the ranges of motion of the left wrist were slightly-to-moderately decreased in all directions. Shoulder impingement test was positive on the left. Knee effusion was positive for the left knee. Both McMurray's and Apley's tests were positive for the left knee. All Waddell signs were negative and Romberg-positive. He could not perform tandem gait with his eyes open or closed. He could not perform heel-toe gait with left foot-leg. He demonstrated a limp and was ambulating with the aid of a cane. Sensation to fine touch and pinprick was decreased in the lateral aspect of the left thigh, and was hypersensitive to touch on the medial side of the left calf (about the damaged area). Grip strength was decreased in the left hand at +3 out of 5. The upper proximal muscles were diminished at +4 out of 5 on the left. Dorsiflexion of the left foot was weak at 3 out of 5." On this date, the provider administered trigger point injections to the cervical muscles. The submitted medical records do not document the initial prescription date for Percocet or when or if the injured worker has had a recent psychological evaluation. A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 8-31-15 and non-certification was for Percocet 5/325mg #90 and a Psyche Evaluation. A request for authorization has been received for Percocet 5/325mg #90 and a Psyche Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of Percocet or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going

management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Psyche Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Failure.

Decision rationale: Per the ACOEM guidelines, "failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Again, it bears repeating to maintain a high index of suspicion for the prevalent but under diagnosed condition of depression. If a patient expresses chronic dissatisfaction with work or has experienced significant dissatisfaction for several months, referral for psychiatric assessment or vocational counseling may be appropriate." Per progress report dated 8/31/15, it was noted that the injured worker could not tolerate Remeron and felt that his depression, anxiety, and problems sleeping were getting worse. He presented as a very depressed and tearful individual who was cooperative and oriented x3. I respectfully disagree with the UR physician's denial based upon the assertion that there was a certification for psyche evaluation on 3/18/15 and it is not clear if this has been performed. The documentation submitted for review does not suggest that it has been performed. This does not obviate the necessity of the request. The request is medically necessary.