

Case Number:	CM15-0198107		
Date Assigned:	10/13/2015	Date of Injury:	04/12/2012
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 4-12-2012. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement of the ankle and subtalar joint with severe inflammation and pain, plantar fasciitis and plantar fascia tearing with inflammation and pain, multilevel peripheral nerve impairment and entrapment, Diabetes mellitus, chronic drug dependency, severe traumatic arthritis, peripheral neuropathy, and calcaneal spur. On 8-5-2015, the injured worker reported bilateral feet and ankle pain. The Treating Physician's report dated 8-5-2015, noted the injured worker with a grossly edematous right ankle. The physical examination was noted to show restricted range of motion (ROM) of the right ankle and subtalar joint, with severe pain on palpation and tingling sensation in the stocking glove distribution bilaterally. The Physician noted no change in the bilateral legs from the previous examination performed the year prior except for increased swelling and restricted range of motion (ROM). Crepitus was noted with the right foot and ankle joint motion, with limitation of motion. The Physician noted "there is extreme edema and effusion noted around the ankle. Small portion pitting". Prior treatments have included epidural steroid injections (ESIs), left shoulder surgery 10-13-2014, physical therapy, right subacromial-subdeltoid bursa Cortisone injection 7-27-2015, Capsaicin cream, Tramadol, and Norco. The treatment plan was noted to include Percocet, prescribed since at least 4-8-2015. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 8-5-2015, requested Percocet. The Utilization Review (UR) dated 9-30-2015, non-certified the request for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet: Upheld

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

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

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The request for Percocet was no justified and no one opioid is superior to another. The Percocet is not medically necessary.