

Case Number:	CM15-0033124		
Date Assigned:	02/26/2015	Date of Injury:	08/05/2010
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey

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 46 year old female, who sustained an industrial injury on August 5, 2010. She has reported right foot pain. The diagnoses have included right heel fracture. Treatment to date has included medications, use of a cane, multiple foot surgeries, bracing, and imaging studies. A progress note dated December 29, 2014 indicates a chief complaint of continued right foot pain. Physical examination showed and antalgic gait secondary to right foot pain, decreased range of motion of the right foot, increased sensitivity of the right heel, and tenderness of the right heel. The treating physician requested monthly follow up visits, and prescriptions for Lidoderm patches, Voltaren gel, and Percocet. On January 27, 2015 Utilization Review certified the request for prescriptions for the Lidoderm patches and Voltaren gel, and partially certified the request for monthly follow up visits with an adjustment to a total of the next six months. Utilization Review denied the request for a prescription for Percocet. The California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and American College of Occupational and Environmental Medicine Guidelines were cited in the decisions. On February 22, 2015, the injured worker submitted an application for IMR of a request for monthly follow up visits and a prescription for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documented evidence of this full review regarding his opioid (Percocet) use was completed. There was no measurable pain reduction or functional gains described in the notes to help justify the continuation of Percocet. Therefore, without more clear and specific evidence for benefit with ongoing use, the Percocet will be considered medically unnecessary at this time.

A follow-up visit with pain management: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Opioids Page(s): pp. 77, 81, 124.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. The worker in this case has already seen the pain specialist and a follow-up (x 1 visit) for the purpose of chronic opioid use monitoring and/or procedure consideration would be warranted and medically necessary.

