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| Case Number: | CM15-0034276 | | |
| Date Assigned: | 03/02/2015 | Date of Injury: | 01/04/1999 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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 53 year old male, who sustained an industrial injury on 1/4/99. He has reported left ankle pain related to Achilles tendon rupture. The diagnoses have included lumbago and reflex sympathetic dystrophy. Treatment to date has included surgery, x-rays and oral medication. As of the PR2 dated 1/28/15, the injured worker reports continued pain in the feet and hands and headaches. The treating physician noted a positive McMurray's test in the lower leg. The treating physician requested to continue Hydrocodone-APAP 10/325mg #60 and Percocet 10/325mg #60. On 2/13/15 Utilization Review modifies a request for Hydrocodone-APAP 10/325mg #60 to Hydrocodone-APAP 10/325mg #30 and Percocet 10/325mg #60 to Percocet 10/325mg #30. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment and opioid use. On 2/24/15, the injured worker submitted an application for IMR for review of Hydrocodone-APAP 10/325mg #60 and Percocet 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Hydrocodone-Acetaminophen 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone 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 Hydrocodone for over 6 months in combination with different opioids at different periods including Fentanyl, Oxycontin, and Percocet. The claimant's pain was 6/10 in November 2015 and 7/10 in January 2015. Long term use can lead top tolerance and addiction. The claimant declined in pain control and required multiple opioids. The continued use of Hydrocodone is not medically necessary.

60 Tablets of Percocet 10-325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

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 Percocet for over several months in combination with different opioids at different periods including Fentanyl, Oxycontin, and Hydrocodone. The claimant's pain was 6/10 in November 2015 and 7/10 in January 2015. Long term use can lead top tolerance and addiction. The continued use of Percocet in combination with other opioids is not medically necessary.