

Case Number:	CM15-0038943		
Date Assigned:	03/09/2015	Date of Injury:	10/01/2003
Decision Date:	04/21/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 59 year old male, who sustained an industrial injury on October 1, 2003. He reported injury to the neck, right wrist, knee and bilateral ankles. The injured worker was diagnosed as having possible sprain/strain bilateral wrists, osteocartilaginous trauma of lunate/scaphoid, fracture distal styloid, partial tear of extensor carpi ulnaris and subluxation, partial thickness tear proximal portion of extensor digiti minimi tendon, possible subtle partial tear of triangular fibrocartilage per MRI scan right wrist, left wrist synovitis and effusion per MRI scan, possible sprain/strain lumbar spine, multilevel degenerative disc disease/lumbar spondylosis, possible contusion and strain of bilateral knees, left knee lateral meniscus tear and medial meniscus tears per MRI, and right medial meniscus tear, anterior cruciate ligament tear, chondromalacia and post partial meniscectomy of the lateral meniscus per MRI scan. Treatment to date has included bracing, right knee arthroscopic surgery, lumbar epidural steroid injection (ESI), physical therapy, nerve stimulator, and medication. Currently, the injured worker complains of neck pain which radiates down the right upper extremity with associated numbness and lower back pain which radiates down the bilateral lower extremities, worse on the right than left, with associated numbness. The Primary Treating Physician's report dated August 22, 2014, noted the injured worker reporting his pain at an 8 on the Visual Analog Scale (VAS), with a 5 on the VAS with the use of his medications. The assessment included status post removal of SCS and IND on May 27, 2014, status post total Knee Arthroplasty in 2008 with pain in the right knee, status post removal of hardware in the lumbar spine September 28, 2011, left leg radiculopathy, right foot drop, C6-C7 stenosis, right C7-C8 radiculopathy, L3-S1 stenosis, and

L3-S1 degeneration. The most recent Treating Physician's report submitted for review dated September 30, 2014, noted the injured worker with a right foot drop and pain that was putting him in danger for a fall, weight bearing as tolerated with a cane. The injured worker's right foot pain was described as moderate, aching, dull, with numbness. The treatment plan was noted to include a scheduled posterior tibial tendon transfer, gastroc recession, and posterior capsule release which would allow the injured worker to dorsiflex the foot with the out of phase end on transfer and allow more balance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Percocet (oxycodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing right foot painful numbness with weakness. No recent records were submitted for review. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no indication the worker had improved pain intensity or function with this medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for 180 tablets of Percocet (oxycodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

OxyContin 40 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Oxycodone is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing right foot painful numbness with weakness. No recent records were submitted for review. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no indication the worker had improved pain intensity or function with this medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for 90 tablets of oxycodone 40mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Lab Work for Kidney and Liver Functions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chemistry panels.
<http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 04/06/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Chemistry panels are groups of blood tests that generally look at the salt balance in the blood, sugar level, markers of kidney function, and/or liver function. The submitted and reviewed documentation indicated the worker was experiencing right foot painful numbness with weakness. No recent records were submitted for review. The documentation did not mention signs or symptoms suggesting a problem that would be shown with the common panels of blood tests. There was no discussion suggesting the reason blood tests looking at kidney and liver function were necessary or detailing which specific tests were requested. For these reasons, the current request for unspecified liver and kidney function testing is not medically necessary.