

Case Number:	CM15-0041668		
Date Assigned:	03/11/2015	Date of Injury:	04/22/2007
Decision Date:	04/15/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/05/2015

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 (IW) is a 43-year-old male, who sustained an industrial injury on 04/22/2007. He reported pain in his left knee and right ankle. The injured worker was diagnosed with a knee injury and underwent a left knee arthroscopy with subsequent development of a MRSA staph infection. Multiple wash-out procedures were done with an ultimate knee fusion. He has history of stress fractures in the left femur and tibia secondary to osteopenia, and had a skin graft in the left lateral thigh with recurring open sores. Treatment to date has included multiple surgeries on the left knee and right ankle. He is currently on pain medications that he reports as reducing his pain 50% and giving 50% functional improvement with activities of daily living. He rates his pain at a 10/10 without medications and a 4/10 with medications. Currently, the injured worker complains of throbbing pain in his left lower extremity at the knee and hip area radiating down his leg and back. His treatment includes continuation of medications for pain, insomnia, and neuropathic leg pain. The IW is under a narcotic contract. MS Contin 60mg #90 and Percocet 10/325mg #150 are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate ER, CR (MS Contin), Opioids and Weaning of medications.

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

Decision rationale: According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. In addition, the maximum daily morphine equivalent dose recommended is 120 mg. In this case, the claimant had been on a combined dose of MSContin and Percocet that exceeded the amount recommended in the guidelines. The claimant had been on MSContin and Percocet for years. Long-term use of opioids have not been studied. The average pain score of 8/10 with medications has not changed since 2013. As a result, the request for continuing MSContin at the dose above is not medically necessary.

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet), Opioids and Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet
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 addition, the maximum daily morphine equivalent dose recommended is 120 mg. In this case, the claimant had been on a combined dose of MSContin and Percocet that exceeded the amount recommended in the guidelines. The average pain score of 8/10 with medications has not changed since 2013. The continued use of Percocet is not medically necessary.