

Case Number:	CM15-0052533		
Date Assigned:	03/26/2015	Date of Injury:	10/17/2011
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male who sustained an industrial fall injury from approximately 20 feet off a ladder on October 17, 2011. Initial reports revealed an unstable L4 compression fracture, left 12th rib fracture, comminuted depressed fracture of the lateral tibial plateau and a non-displaced medial tibial plateau fracture. The injured worker is status post open reduction internal fixation of the right knee. The injured worker underwent a right knee magnetic resonance imaging (MRI) in April 2012, lumbar spine epidural steroid injection (ESI) and lumbosacral bending X-Rays on January 30, 2015. The injured worker was diagnosed with L4 compression fracture, lumbar spine stenosis with L4 nerve root neuritis, right knee status post open reduction internal fixation and chronic low back pain. According to the primary treating physician's progress report on February 19, 2015 the injured worker continues to experience low back and right knee pain. Examination of the right knee demonstrated tenderness to palpation, preserved range of motion, and sensory changes below the lateral incision area. Examination of the lumbar spine noted tenderness to palpation across the lower back with decreased range of motion. There was no significant weakness in the bilateral lower extremities noted. Reflexes were diminished symmetrically in both legs and the injured worker had a right antalgic gait. Current medications are listed as Percocet, Oxycodone, Flexeril and topical analgesics. Treatment plan is to continue with medication regimen and request for Percocet prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg Qty 105: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Oxycodone/acetaminophen (Percocet) Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/19/14 indicated positive methamphetamine and amphetamine as well as positive oxycodone, noroxycodone, and oxymorphone. As MTUS recommends to discontinue opioids if there is no overall improvement in function, and given the injured worker's non-compliance with medication use, medical necessity cannot be affirmed.