

Case Number:	CM15-0054473		
Date Assigned:	03/27/2015	Date of Injury:	05/27/2010
Decision Date:	05/21/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 was a 57-year-old male, who sustained an industrial injury, May 27, 2010. The injured worker previously received the following treatments Thoracic spine MRI, right foot MRI, laboratory studies, Fentanyl Patches, Percocet, Prilosec, Atarax, Pain Cream and Naproxen. The injured worker was diagnosed with bilateral total knee replacement, right lower leg compartment syndrome, right foot drop and avascular necrosis 5th metatarsal of the right foot. According to progress note of March 4, 2015, the injured workers chief complaint was chronic lower back pain and right lower extremity pain in the setting of compartmental syndrome post surgeries. The injured worker reports the pain severely interferes with activities of daily living. The physical exam noted the injured worker was unable to perform dorsal flexion of the right ankle a minimal planter flexion. There was numbness over the right foot and shin. The right lower extremity was in a brace with mild swelling. The right foot continues with discoloration and duskiness of the toes. There was significant burning and sensitivity over the right leg and foot. The treatment plan included prescriptions for Fentanyl Patches, Percocet, Prilosec and Hydroxyzine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 50mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 68, 78-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. According to ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. In this case, the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, the Duragesic patches exceed the recommended Morphine Equivalent Dosage (MED) limit for non-malignant pain. In addition, this patient had a recent insertion of a spinal cord stimulator, decrease some of the pain. Guidelines do not support continuation of this medication at this dosage. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Percocet 10/325mg #90 TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, this patient had a recent insertion of a spinal cord stimulator, which should decrease some of the pain. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet 10/325 mg is not medically necessary.

Prilosec 20mg #60 BID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Hydroxyzine 25mg #90 TID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

Decision rationale: Hydroxyzine (Atarax) is used as a sedative to treat anxiety and tension. It also acts as an antihistamine and used to treat allergic skin reactions. In this case, there is no documentation that the patient has significant anxiety or allergic conditions to warrant the use of this medication. Medical necessity for Hydroxyzine has not been established. The requested medication is not medically necessary.