

Case Number:	CM15-0056803		
Date Assigned:	04/01/2015	Date of Injury:	04/30/1996
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 04/30/96. Initial complaints and diagnoses are not available. Treatments to date include medications and surgeries. Diagnostic studies are not addressed. Current complaints include chronic pain in the right foot and ankle as well as burning in the feet. In a progress note dated 02/19/14 the treating provider reports the plan of care as continued medication including Ibuprofen, MS Contin and Percocet. The requested treatment is Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his right foot. The request is for 1 prescription of Percocet 10/325MG #180. Per 03/11/15 progress report, the patient is

currently taking MS Contin and Percocet. "Pain scale 4/10 with medication 10/10 without medication. Independent in ADLs." The patient has been utilizing Percocet since at least 01/20/14. The patient is currently not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treater documents analgesia with pain going from 10/10 to 4/10 and ADLs, stating, "Independent in ADLs." But the treater does not address all 4 A's as required by MTUS guidelines. No specific ADL changes are noted showing significant functional improvement. The patient is independent with ADL's but it is not known whether or not this is a significant improvement due to the use of opiates. No validated instruments are used and no outcome measures are provided as required by MTUS. Urine drug screen is not mentioned either. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.