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| Case Number: | CM15-0084444 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 06/12/1989 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 05/01/2015 |

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 66-year-old male, who sustained an industrial injury on 06/12/1989. The injured worker is currently disabled. The injured worker is currently diagnosed as having pain in shoulder joint, lumbar spondylosis, and phantom limb syndrome. Treatment and diagnostics to date has included left shoulder injections, right above the knee amputation, and medications. Progress note states that Lortab is ineffective, Gralise causes dizziness, gabapentin causes blurry vision, and Lyrica causes other adverse drug reaction. In a progress note dated 03/13/2015, the injured worker presented with complaints of left shoulder and right knee pain. Objective findings include above the knee prosthesis with antalgic gait. It is noted that the injured worker has been on chronic opioid therapy since 2005 after his amputation and that pain is under control with the medications. He is able to walk 3 blocks with pain medications before significant pain to right leg stump and 1 block without medications. The treating physician reported requesting authorization for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg quantity 150: Overturned

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 criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with right above the knee amputation, phantom limb pain, and pain to left shoulder, bilateral elbows, and left low back, rated 5/10. The patient is status post 3 surgeries to each elbow, unspecified dates. The request is for PERCOCET 5/325MG QUANTITY 150. Patient's diagnosis per Request for Authorization form dated 01/13/15 includes pain in joint involving shoulder region, lumbar spondylosis, and phantom limb syndrome. Treatment and diagnostics to date has included left shoulder injections, right above the knee amputation, and medications. Patient's medications include Percocet, Ambien, Paxil, and Flector patches. Current work status not available. Treatment reports were provided from 02/12/14 - 04/10/15. 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 4As (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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Oxycodone was included in patient's medications, per treater report dated 03/07/14. Roxycodone was prescribed in treater reports 10/02/14, 12/12/14 and 01/09/15. Percocet was included in progress reports 03/13/15 and 04/10/15. Per 04/10/15 reports, treater states patient has been on "chronic opioid therapy since 2005 after his amputation pain in controlled with Percocet with meds, [the patient] is able to walk 3 blocks before significant pain to R leg stum; w/o about 1 block. With meds- able to stand 1 hr w/o meds 10 min. With meds, able to sit 3hr comfortably, w/o meds about 30min. Also, benefits him so he can do yard work, drive, go to the pharmacy and bank, do grocery shopping, take out the trash, most chores." No side effects or aberrant behavior reported. CURES patient activity report was reviewed 03/13/15 and was appropriate. Last urine drug screen was ordered 02/13/15 and was positively appropriate for oxycodone. Treater continues to state the "patient continues to get significant analgesia and functional benefit from medication." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.