

Case Number:	CM14-0125930		
Date Assigned:	09/25/2014	Date of Injury:	12/10/2007
Decision Date:	10/27/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48 years old female with an injury date on 12/07/2007. Based on the 07/23/2014 progress report provided by [REDACTED], the diagnoses are: Lesion of plantar nerve, right, Status post neuroectomy of the right superficial peroneal nerve, and chronic pain right ankle, Right 3rd web space Neuroma. According to this report, the patient complains of right foot pain with tenderness over the third web space. Exam of the right foot and right ankle was unchanged. The patient has been using a seated walker and had difficult time going on longer walk due to pain. The 06/23/2014 indicates the patient has mid back and low back pain. Pain is rated as a 9/10 without medications and 7-8/10 with medications. Sanding, walking and lifting would aggravate the pain. The pain is alleviated by medications. Range of motion of the right ankle is limited. The most recent urine toxicology was on 05/23/2014 and the results were consistent with the pain medications. There were no other significant findings noted on this report. The utilization review denied the request on 07/31/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/08/2014 to 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

Decision rationale: According to the 07/23/2014 report by [REDACTED] this patient presents with right foot pain with tenderness over the third web space. The provider is requesting Norco 10/325 #60 with 1 refill. For chronic opiate use, 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. Norco was first mentioned in the 01/08/14 report; it is unknown exactly when the patient initially started taking this medication. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Such as, Norco 10/325 #60 with one refill is not medically necessary.

Percocet 10/325mg #60: Overtaken

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

Decision rationale: According to the 07/23/2014 report by [REDACTED] this patient presents with right foot pain with tenderness over the third web space. The provider is requesting one time Rx of Percocet 10/325, 1-2 every 4-6 hrs, #60. This is only to be used if the Norco does not relieve patient's pain post-operatively. Date of surgery is not yet scheduled. For chronic opiate use, 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. The 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. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. The request is for post-operative pain should the chronic pain medication Norco does not cover the pain. Given the patient's anticipation of surgery and post-operative pain, one time fill of Percocet appear medically reasonable. The MTUS address chronic opiate use and this request is for a short-term post-operative use. Such as, Percocet 10/325mg #60 is medically necessary.

