

Case Number:	CM14-0213552		
Date Assigned:	12/31/2014	Date of Injury:	04/22/2007
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 & Rehabn

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 47-year old male with an injury date on 4/22/07. The patient complains of intractable, throbbing left lower extremity pain rated 9/10 on VAS scale per 11/13/14 report. The patient cannot bend his left knee because it has been fused surgically, and the pain radiates up into his hip and back with severe muscle spasms per 10/16/14 report. The patient reports warmth/swelling in the left knee per 11/13/14 report. The patient reports burning pain in his left leg per 10/16/14 report. Based on the 11/13/14 progress report provided by the treating physician, the diagnoses are: 1. history of left lower extremity pain. History of left knee arthroscopy with development of MRSA staph infection. Multiple wash-out procedures following surgery, requiring ultimate knee fusion. Developed stress fractures in the left femur and tibia secondary to osteopenia. Skin graft has shown signs of recurring open sores, stable today 2. nonindustrial medical problems, including obesity, hypertension, diet-controlled diabetes, COPD, depression 3. chronic neuropathic burning pain in the left lower extremity, stable with Lyrica use on an industrial basis 4. insomnia due to pain, stable with PRN Lunesta use 5. history of reoccurring MRSA staph infections and cellulitis, left lower extremity, currently stable today on Bactrium DS prophylaxis A physical exam on 10/16/14 showed "surgical fusion at the left knee; he cannot flex the knee." The patient's treatment history includes medications, left knee fusion surgery. The treating physician is requesting percocet 10/325mg #150. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided treatment reports from 6/26/13 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: 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 Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: This patient presents with left lower extremity pain, left knee pain. The treater has asked for PERCOCET 10/325MG #150 on 11/13/14. Patient has been taking Percocet since 6/26/13 report. For chronic opioids 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. In this case, the treater indicates a decrease in pain with current medications which include Percocet, stating "50% reduction in pain with medication versus not taking them at all per 11/13/14 report. The patient is taking 5 Percocet per day per 11/13/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.