

Case Number:	CM15-0014254		
Date Assigned:	02/02/2015	Date of Injury:	01/04/1999
Decision Date:	03/19/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 1/4/99. He has reported leg pain. The diagnoses have included left Achilles tendon rupture , CRPS, Dysthymic disorder, opioid dependance, and reflex sympathetic dystrophy. Treatment to date has included multiple surgeries, physical therapy TENS unit, acupuncture, biofeedback and a morphine pump implant. Currently, the injured worker complains of pain in feet, hands and low back. Progress note dated 11/13/14 revealed tenderness of cervical spine, lumbar spine and facet joint. The claimant had been on Norco, Percocet and Oxycontin since at least 2003. He had several episodes of 10/10 pain which required Dilaudid. A progress note on 9/11/14 by psychiatry indicated consideration for use of Suboxone due to opioids dependance. On 1/15/15 Utilization Review non-certified Adderall 10 mg with 2 refills #30, noting the lack of documentation to support narcolepsy or ADHD. Modified prescriptions were submitted for Percocet 10/325mg #120 with 2 refills to # 60 with 0 refills, Hydrocodone-acetaminophen 10/325 mg #120 with 2 refills to # 60 with 0 refills and OxyContin 30mg with 2 refills to #135 with 0 refills, noting lack of documentation of pain relief; weaning is recommended. The MTUS, ACOEM Guidelines, was cited. On 1/26/15, the injured worker submitted an application for IMR for review of Percocet 10/325mg #120 with 2 refills, Hydrocodone-acetaminophen 10/325 mg #120 with 2 refills, Adderall 10mg with 2 refills and OxyContin 30mg with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Percocet 10/325mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): (s) 74-75, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on a combined dose of Oxycontin, Percocet and Hydrocodone that exceeded the daily morphine equivalent maximum of 120 mg. The benefit of high dose long-term use of opioids have not been studied and can lead to addiction and tolerance. The claimant had been on the same opioids for nearly 12 yrs. The continued use of Percocet is not medically necessary.

120 Tablets of Hydrocodone/Acetaminophen 10/325mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 75, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on a combined dose of Oxycontin, Percocet and Hydrocodone that exceeded the daily morphine equivalent maximum of 120 mg. The benefit of high dose long-term use of opioids have not been studied and can lead to addiction and tolerance. The claimant had been on the same opioids for nearly 12 yrs. The continued use of Hydrocodone is not medically necessary.

30 Tablets of Adderall 10mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am Fam Physician. 2012 May 1;85(9) Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder in Adults

Decision rationale: The ACOEM and MTUS guidelines do not comment on Adderall. According to the AFP , Adderall contains amphetamines commonly used to treat Attention Deficit Hyperactivity Disorder and Narcolepsy. In this case, the claimant did not have these diagnoses and was not noted in a recent psychiatry note. In addition, the claimant had previously been on Provigil for staying awake; however had been on Seroquel to help sleep. Recent use and response to medication in behavior, pain or function is not mentioned. The continued use is not justified and not medically necessary.

270 Tablets of OxyContin 30mg Extended Release with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 74-75, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, Opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain . They are not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on a combined dose of Oxycontin, Percocet and Hydrocodone that exceeded the daily morphine equivalent maximum of 120 mg. The benefit of high dose long-term use of opioids have not been studied and can lead to addiction and tolerance. The claimant had been on the same opioids for nearly 12 yrs. The continued use of Oxycontin is not medically necessary.