

Case Number:	CM15-0015008		
Date Assigned:	02/03/2015	Date of Injury:	02/09/2004
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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: Internal Medicine

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 60 year old female who sustained an industrial injury on 02/09/2004. The injured worker complains of low back pain, right ankle pain, shoulder and left arm pain. Diagnoses include left biceps muscle strain secondary to new injury at home on 3/14/2012, early sign of reflex sympathetic dystrophy, right ankle, and status post right ankle fusion, arthroscopy in 2005, and hardware remove in 2010, lumbar spine musculoligamentous sprain/strain secondary to altered gait. Pain with medications is 5-6 out of 10, and without medications pain is 9-10 out of 10. Treatment to date has included medications, home exercise program, home care assistance, and use of a Jacuzzi. A physician progress note dated 12/22/2014 documents the injured worker complains of tenderness to palpation with muscle guarding and spasm over the thoracolumbar junction extending to the lumbosacral junction. Straight leg raising test is positive eliciting increased low back pain. Range of motion of the lumbar spine is decrease. She ambulates with a limp using a cane and favoring the right side. Her right lower extremity/ankle reveals swelling and continued pain with hypersensitivity. Pain with medications is 5-6 out of 10, and without medications pain is 9-10 out of 10. Treatment requested is for prospective usage of MS Contin 60mg #90, and prospective Usage of Percocet 10/325mg #90. On 01/13/2015 Utilization Review modified the request for MS Contin 60mg #90, to MS Contin 60mg, #60, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Opioids. On 01/13/2015 Utilization Review modified the request for Percocet 10/325mg, # 90, to Percocet 10/325mg, #60, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of MS Contin 60mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. 'Do not attempt to lower the dose if it is working.' Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document a history of left biceps muscle strain, reflex sympathetic dystrophy, left shoulder periscapular strain and impingement, lumbar spine musculoligamentous strain and sprain secondary, altered gait, left foot plantar fasciitis, right shoulder periscapular strain with calcific tendinitis, cervical musculoligamentous strain and sprain, carpal tunnel syndrome, diabetic peripheral neuropathy, right knee patellofemoral arthralgia, right wrist injury, chronic regional pain syndrome right lower extremity, lumbar spondylosis, right ankle fusion surgery 11/18/08, left knee arthroscopy 07/2004, and right tibia and fibula fracture in 1999 treated with external fixator. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Analgesia was documented. The medical records provide support for the use of MS Contin. The request for MS Contin is supported by the medical records and MTUS guidelines. Therefore, the request for MS Contin is medically necessary.

Prospective Usage of Percocet 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Oxycodone/Acetaminophen (Percocet) Page 92.. Decision based on Non-MTUS Citation FDA Prescribing Information Percocet <http://www.drugs.com/pro/percocet.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. 'Do not attempt to lower the dose if it is working.' Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100%

for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. FDA guidelines document that Percocet is indicated for the relief of moderate to moderately severe pain. Medical records document a history of left biceps muscle strain, reflex sympathetic dystrophy, left shoulder periscapular strain and impingement, lumbar spine musculoligamentous strain and sprain secondary, altered gait, left foot plantar fasciitis, right shoulder periscapular strain with calcific tendinitis, cervical musculoligamentous strain and sprain, carpal tunnel syndrome, diabetic peripheral neuropathy, right knee patellofemoral arthralgia, right wrist injury, chronic regional pain syndrome right lower extremity, lumbar spondylosis, right ankle fusion surgery 11/18/08, left knee arthroscopy 07/2004, and right tibia and fibula fracture in 1999 treated with external fixator. Analgesia was documented. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Percocet is indicated for pain. Per FDA, Percocet is indicated for the relief of moderate to moderately severe pain. The medical records provide support for the use of Percocet. The request for Percocet 10/325 mg is supported by the medical records and MTUS and FDA guidelines. Therefore, the request for Percocet 10/325 mg is medically necessary.