

Case Number:	CM15-0113036		
Date Assigned:	06/19/2015	Date of Injury:	03/17/2014
Decision Date:	07/27/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 39 year old male, who sustained an industrial injury on 3/17/2014. Diagnoses include post traumatic arthritis left foot 234 metatarsal joints, fracture metatarsal/tarsal, cuboid, and base of 4th metatarsal 2nd and 3rd cuneiform fractures. Treatment to date has included physical therapy, splinting and medication including Percocet. Per the Follow-up Podiatric Consultation dated 5/11/2015, the injured worker reported 8/10 pain in the left foot, especially at night, even with physical therapy. Physical examination of the lower extremity revealed tenderness to palpation of the lateral column and central rays. No pain of squeeze of heel. The plan of care included medications and authorization was requested for Percocet and Keflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic left foot pain. The medical diagnoses include L foot fractures involving cuboid and cuneiform bones. On physical exam there is tenderness in the region of the cuneiform and cuboid bones. The patient received physical therapy, but it did not help. This review addresses a request for Percocet 10/325 mg #60. Percocet 10/325 contains 10 mg of oxycodone, an opioid. The documentation states that the patient's pain is not well controlled. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Percocet is not medically necessary.

Keflex 500 mg Q 6hrs x 10 days #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cellulitis and erysipelas by Larry Baddour, MD, in UpToDate.com.

Decision rationale: This patient receives treatment for chronic left foot pain. The medical diagnoses include L foot fractures involving cuboid and cuneiform bones. The patient received physical therapy, but it did not help. The patient also has post-traumatic foot arthritis. The patient had an MRI of the L foot. No osteomyelitis was seen. This review addresses a request for Keflex 500 mg tablets 1 QID for 10 days. Keflex may be medically indicated for uncomplicated skin, soft tissue, respiratory, or urinary infections by susceptible organisms. The documentation does not mention any soft tissue infectious process nor any skin infection by a gram positive organism sensitive to a cephalosprin. Keflex for 10 days is not medically necessary.