

Case Number:	CM15-0120393		
Date Assigned:	06/30/2015	Date of Injury:	04/30/2010
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, 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 51 year old female, who sustained an industrial injury on 4/30/2010. She reported she felt and heard a loud "pop" from her back with acute pain to the low back, with radiation down bilateral lower extremities and associated weakness. She underwent reconstruction of the left hamstring tendon, right hip repair, left knee replacement. Diagnoses include rupture of the hamstring tendon, rupture of the foot and ankle tendon, lumbar spondylosis and osteoarthritis of the knee and chronic pain. Treatments to date include Lidocaine patch, Xanax, Gabapentin, Flector topical patch, Percocet 5/325mg, therapeutic trigger point injections, physical therapy, chiropractic therapy, acupuncture treatments, and lumbar rhizotomies. Currently, she complained of ongoing pain in the low back, right hip, and left knee. The medical records indicated she was recommended for right ankle surgery and pending authorization. The record documented use of 0-4 Percocet a day with relief of pain rated 4/10 VAS and increased ability to move around and get out of the house. On 5/27/15, the physical examination documented tenderness to low back, buttocks, right hip, right ankle, left tibia, and bilateral knees. The plan of care included Percocet 10/325mg tablets, half to one tablet every six to ten hours as needed #40. The medication list included Lidocaine patch, Xanax, Gabapentin, Flector topical patch, Percocet 5/325mg. The patient has had EMG study of the lower extremity that was normal on 7/15/13 and MRI pelvis on 9/18/14 that revealed mild tendinosis. Patient has received an unspecified number of PT and massage therapy visits for this injury. The patient has had urine drug screen test on 1/31/15 that was positive for oxymorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg qty: 40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Request: Percocet 10/325mg qty: 40. Percocet contains acetaminophen and oxycodone which is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." She underwent reconstruction of the left hamstring tendon, right hip repair, left knee replacement. Diagnoses include rupture of the hamstring tendon, rupture of the foot and ankle tendon, lumbar spondylosis and osteoarthritis of the knee and chronic pain. Treatments to date include Lidocaine patch, Xanax, Gabapentin, Flector topical patch, Percocet 5/325mg, therapeutic trigger point injections, physical therapy, chiropractic therapy, acupuncture treatments, and lumbar rhizotomies. Currently, she complained of ongoing pain in the low back, right hip, and left knee. The medical records indicated she was recommended for right ankle surgery and pending authorization. The record documented use of 0-4 Percocet a day with relief of pain rated 4/10 VAS and increased ability to move around and get out of the house. On 5/27/15, the physical examination documented tenderness to low back, buttocks, right hip, right ankle, left tibia, and bilateral knees. So there are objective abnormalities on exam along with symptoms of chronic pain. The patient has had urine drug screen test on 1/31/15 that was positive for oxymorphone. This was consistent with the prescribed medication. The pt has been prescribed the opioid (Percocet 10/325mg qty: 40.) in a small quantity. This pt has had a significant injury to the lower extremity causing a tendon rupture and she has had surgery for the tendon rupture. The urine drug screen is consistent with the prescribed medication. Other non opioid means for control of symptoms have been tried. This medication is deemed medically appropriate and necessary in the present dose, amount and frequency to treat the pts chronic pain since it is allowing her to function better and there is no evidence of aberrant behavior, and there are no other opioid medications, that have been certified at present, in her case. The medication Percocet 10/325mg qty: 40 is medically necessary and appropriate at this time for this patient.