MAXIMUS Federal Services

Case Number:	CM15-0122674		
Date Assigned:	07/06/2015	Date of Injury:	11/19/2010
Decision Date:	09/03/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female injured worker suffered an industrial injury on 11/19/2010. The diagnoses included left plantar fasciotomy 10/2013, left knee pain and low back pain with left lower extremity symptoms. The injured worker had been treated with surgery and medications. On 4/29/2015 the treating provider reported plantar foot pain rated at 6/10, left knee pain rated 5/10 and low back pain with left lower extremity symptoms rated 5/10. He reported the topical non-steroidal analgesic reduced pain in the left knee and foot by 5 points and did facilitate improved tolerance to standing and walking 30% of the time. On exam there was tenderness to the left plantar foot. There was tenderness of the lumbar spine and left knee. The lumbar spine range of motion was reduced with spasms present. It was not clear if the injured worker had returned to work. The provider noted he anticipated thorough review of toxicology results on follow up visit. He rated the injured worker as "high risk" using the MTUS and ODG guidelines criteria. The treatment plan included Percocet and Ketoprofen 10% Gabapentin 6%/ Bupivacaine HCL 5% Baclofen 2% Cyclobenzaprine HCL 0.2% Clonidine HCL 0.2% Sodium Hyaluronate 0.2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5mg #30: Upheld

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

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

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided did include pain levels and a preliminary risk assessment for aberrant drug assessment that was anticipated to be completed at the following visit. However, the comprehensive pain assessment and evaluation was not complete. The functional improvement assessment was specific to the topical analgesic and not for the opioid medication. Therefore, Percocet was not medically necessary.

Ketoprofen 10% Gabapentin 6% Bupivacaine HCL 5% Baclofen 2% Cyclobenzaprine HCL 0.2% Clonidine HCL 0.2% Sodium Hyaluronate 0.2% 300gms #1 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Compounded topical analgesics stated that any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The documentation provided indicated there was improvement in pain and function with the use of Ketoprofen topical analgesic for the left foot plantar region. Ketoprofen is not FDA approved for topical use. Gabapentin, Baclofen, Cyclobenzaprine, Bupivacaine, Clonidine and Sodium Hyaluronate, separately or compounded, are not approved as a topical analgesic. Therefore, this compounded preparation is not medically necessary.