

Case Number:	CM15-0147415		
Date Assigned:	09/04/2015	Date of Injury:	04/15/2014
Decision Date:	10/06/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 22-year-old female, who sustained an industrial injury on 4-15-2014. She reported a crush injury to the left foot and diagnosed with a fracture to the fifth metatarsal. Diagnoses include left foot injury, status post crush injury, complex regional pain syndrome (CRPS), neuritis, and anxiety. Treatments to date include activity modification, medication therapy, TENS unit, and physical therapy. Currently, she complained of ongoing pain and burning of the left foot. She presented to the Emergency Department on 6-4-15 for a pain flair up. Pain was rated 10 out of 10 VS without medication. The records indicated she would be evaluated for a spinal cord stimulator. On 6-19-15, the physical examination documented limited range of motion and sensitivity to touch. The plan of care included a prescription for Oxycodone-APAP (Percocet) 5-325mg, #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen (Percocet) 5/325mg #10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in April 2014 and is being treated for left foot pain after a crush injury and has a diagnosis of CRPS. A spinal cord stimulator is being considered. When seen, she had recently been in an Emergency room due to a flare-up of pain and Percocet had been prescribed. Prior medications had included Norco and methadone and treatments had included physical therapy and three lumbar sympathetic nerve blocks. When seen, pain was rated at 10/10. There was an antalgic gait using a walker. There was decreased and painful active range of motion and the left foot was very sensitive to touch. Percocet was prescribed. Percocet (oxycodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having severe pain and no other opioid medication was being prescribed. There had been benefit when recently prescribed and a spinal cord stimulator is being considered. The total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.