

Case Number:	CM15-0171201		
Date Assigned:	09/11/2015	Date of Injury:	11/20/2002
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on November 20, 2002. She reported low back pain and left foot pain. The injured worker was diagnosed as having status post left foot bone graft in 2013, foot joint pain, left foot pain, neuropathy of the ankle and chronic pain. Treatment to date has included diagnostic studies, surgical intervention of the left foot and medications. Currently, the injured worker continues to report low back pain and left foot pain. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on June 26, 2015, revealed continued pain as noted. She rated her pain at 7 on a 1-10 scale with 10 being the worst. Percocet was decreased to 4 tablets daily, Opana was successfully weaned however would be continued 1 time daily as needed for 30 days. It was noted she was attempting to wean from Wellbutrin and should only be on Percocet by the next visit. Evaluation on August 11, 2015, revealed continued pain as noted. It was noted she had improved by 80% with current medications causing decreased pain, increased range of motion, activity level and ability to perform activities of daily living. It was noted with current medications she could perform housework, shopping, daily activities and socializing. It was noted additionally the opioids allowed her to care for herself, have improved mood, improved sleep and improved daytime focus. It was noted she used a cane for ambulation and wore clogs secondary to experiencing pain with a whole shoe. She rated her pain at 6 on a 1-10 scale with 10 being the worst. It was noted the plan was to wean off Wellbutrin and Opana. Gabapentin was continued and increased for neuropathic pain. She was encouraged to decrease Percocet for weaning. Urinary drug screen on September, 2014, revealed findings consistent with expectations. The RFA included a request for Percocet 10/325mg and was non-certified on the

utilization review (UR) on August 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 63 year old patient complains of low back pain, right hip pain, and left foot pain, rated at 6-10/10, as per progress report dated 08/11/15. The request is for PERCOCET 10/325mg. The RFA for this case is dated 08/11/15, and the patient's date of injury is 11/20/02. The patient is status post left foot bone graft on 05/15/13, as per progress report dated 08/11/15. Diagnoses included foot joint pain, left foot pain, neuropathy of ankle, chronic pain, and light cigarette smoker. Current medications include Gabapentin, Lidoderm patch, Wellbutrin, Opana and Percocet. The patient is retired, as per the same progress report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Percocet is first noted in progress report dated 02/25/15. While the patient is taking the medication consistently since then, it is not clear when opioid therapy was initiated. As per progress report dated 08/11/15, the medication is being prescribed for breakthrough pain. The patient reports 80% improvement with the current medication regimen "with improved pain, range of motion, activity and ADLs." Medications allow the patient to "participate in recreation, housework, shopping, daily living activities, and socializing. Additionally, these opioids allow patient to care for self, and improve mood, sleep and ability to focus during the day." The patient has signed a medication agreement and UDS from September 2014, is consistent. There are no concerns of abuse "evidenced through drug screen monitoring, counseling with controlled substance agreement, and screening with opiate risk questionnaire." The patient has been advised to wean off the medications and the aim is to be only on Gabapentin and Percocet prn by fall/winter. MTUS, however, requires documentation of objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. Additionally, MTUS p80,81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is

presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.