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| Case Number: | CM15-0095758 | | |
| Date Assigned: | 05/22/2015 | Date of Injury: | 05/23/1995 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 05/07/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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 51 year old female, who sustained an industrial/work injury on 5/23/95. She reported initial complaints of left knee and right knee pain. The injured worker was diagnosed as having left knee pain and complex regional pain syndrome of the right lower extremity. Treatment to date has included medication, psychotherapy, lumbar plexus block, aquatic therapy, and aerobic exercises. Currently, the injured worker complains of increased sharp pain radiating down the right lower extremity rated 8/10 and insomnia due to pain. Per the primary physician's progress report (PR-2) on 3/25/15, examination noted an antalgic gait, allodynia to the right leg and tenderness over the left lateral medial and lateral knee joint line. Current plan of care included second lumbar plexus block, medication for pain and sleep management. The requested treatments include Percocet 10/325mg 1 tab 4 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 tab 4 times daily #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 04/22/15 PTP Progress report, the requesting physician states that the patient presents with increasing right lower extremity and back pain. The current request is for Percocet 10/325 1 tab 4 times daily #120 Oxycodone, an opioid. The RFA included is dated 11/28/15; however, the 05/07/15 utilization review references an RFA dated 04/28/15. The reports do not state if the patient is currently working. MTUS Guidelines 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 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. The treating physician states on 04/22/15, "Patient's case is very complicated. She used to be on larger doses of full acting narcotic medications in the past. She has been weaned off fentanyl, Kadian, methadone and OxyContin." The treater further states the patient has been maintaining her dose of Opana Extended Release and that Percocet is for breakthrough pain. The reports provided for review show that she has been prescribed Percocet since before 03/26/14. While the level of the patient's pain from lumbar plexus blocks and lack of receipt of lumbar plexus blocks is discussed, recent reports do not document the analgesia received from opioids. No specific ADL's are mentioned to show a significant change with use of this medication. There is no evidence of adverse behavior or side effects. The 03/29/14 UDS included for review is consistent with prescribed medications and the treater states she has been compliant with her medication use. In this case, Analgesia and ADL's are not sufficiently documented as required by the MTUS guidelines. The request is not medically necessary.