

Case Number:	CM13-0068430		
Date Assigned:	01/03/2014	Date of Injury:	06/30/1995
Decision Date:	11/19/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/19/2013

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:

This is a 65 year old male with a date of injury on 6-30-95. A review of the medical records indicates the injured worker is undergoing treatment for chronic back pain. Progress report dated 12-4-13 reports continued worsening complaints of back pain that radiates to his right leg. He has a burning sensation and the pain is rated 8 out of 10. He reports 50 percent improvement in function with medications. He has been using MS Contin 60 mg 3 times per day and Percocet 4 per day for breakthrough pain, Lidoderm patches for localizing pain, Lodine as an anti-inflammatory, Ambien and trazodone for insomnia and depression. He takes Valium for severe back spasms. Objective findings: lower back reveals limited range of motion, right and left SLRs are both 80 degrees causing right sided back pain that radiates in the right buttock and posterior thigh. He reports sensory loss in the right lateral calf and bottom of his foot. Request for authorization was made for Percocet 10-325 four times per day as needed quantity 120 and MS Contin 60 mg three times per day quantity 90. Utilization review dated 12-17-13 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1995 and continues to be treated for chronic back pain with right lower extremity radiating symptoms. Medications are referenced as providing a 50% improvement in function. When seen, he had pain rated at 8/10. There was decreased lumbar spine range of motion. Straight leg raising was positive. There was decreased right lower extremity sensation. MS Contin and Percocet were prescribed. The total MED (morphine equivalent dose) was 240 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is two times that recommended and the claimant is having ongoing severe pain. There are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Percocet at this dose is not considered medically necessary.

MS Contin 60MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1995 and continues to be treated for chronic back pain with right lower extremity radiating symptoms. Medications are referenced as providing a 50% improvement in function. When seen, he had pain rated at 8/10. There was decreased lumbar spine range of motion. Straight leg raising was positive. There was decreased right lower extremity sensation. MS Contin and Percocet were prescribed. The total MED (morphine equivalent dose) was 240 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is two times that recommended and the claimant is having ongoing severe pain. There are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of MS Contin at this dose is not considered medically necessary.