

Case Number:	CM14-0168667		
Date Assigned:	10/16/2014	Date of Injury:	01/19/2010
Decision Date:	10/02/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 70-year-old male with an industrial injury dated 01-19-2010. The injured worker's diagnoses include sacrum disorder, acquired spondylolisthesis, joint pain of pelvis and thigh, cervical spondylosis, spondylosis with lumbar myelopathy and brachial neuritis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 08-20-2014, the injured worker reported severe pain in the neck and lumbar spine. The injured worker reported that the neck pain radiates into the trapezius, forearm and hand with associated numbness and tingling in the fingers and left forearm. The injured worker also reported low back pain radiation into the right buttock, thigh and lateral ankle. The injured worker rated pain a 7 to 8 out of 10. Objective findings revealed no erythema, swelling deformity or tenderness in the cervical spine and lumbar spine. Right hip exam revealed point tenderness over the right sacroiliac (SI) joint and positive pain with sheath force, compression testing and external rotary force to sacroiliac (SI) joint. The treatment plan consisted of diagnostic testing and medication management. The treating physician prescribed Percocet 10-325mg, #120, now under review.

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 Treatment Guidelines Criteria for use of therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS, Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 01/19/10 and presents with pain in his cervical spine and lumbar spine. The request is for PERCOCET 10/325 MG, #120. The RFA is dated 09/17/14 and the patient's current work status is not provided. The patient has been taking this medication as early as 06/04/14 and treatment reports are provided from 12/09/13 to 08/20/14. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4 As 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 Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following 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." The 07/09/14 and 08/20/14 reports state that the patient rates his pain as a 7-8/10. In this case, not all of the 4 As are addressed as required by MTUS Guidelines. There are no examples of ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Percocet IS NOT medically necessary.