

Case Number:	CM13-0025111		
Date Assigned:	03/14/2014	Date of Injury:	09/10/2011
Decision Date:	04/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 year-old male with a date of 09/10/2011. The listed diagnoses per [REDACTED] are: 1) Post-laminectomy pain syndrome 2) Lumbar spinal stenosis 3) Lumbar radiculopathy According to report dated 08/27/2013 by [REDACTED], the patient presents with low back pain that is constant, aching with sharp shooting sensation. Patient states his pain radiates down to bilateral legs. Pain medication and resting alleviates pain and without medications his pain level would be 10/10. With medication pain level is kept at 3/10. Patient is noted to be receiving 30% pain relief with current medications. Patient states he has improved function including increased ADLs such as walking longer and improved ability to perform household chores such as cooking and cleaning. Patient is to continue Norco for moderate breakthrough pain, Percocet for severe breakthrough pain and a trial of Lyrica for neuropathic pain symptoms and to minimize narcotic usage. As medical records document, this patient had a staged procedure of fusion L4-5 with hardware, by posterior approach on 01/11/2012 and fusion L4-5 with additional hardware and bone graft by posterior approach on 04/04/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #90 (DISPENSE GENERIC UNLESS DAW): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 60-61, 88-89.

Decision rationale: This patient presents with low back pain that is constant, aching with sharp shooting sensation. The treater is requesting a refill of Percocet. For chronic opiate use, MTUS Guidelines page 88 and 89 require functional documentation using a numerical scale or validated instrument at least once every 6 months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Review of reports show this patient has been taking Percocet since 05/03/2013. The treater, in his subsequent monthly progress reports indicates the efficacy of Percocet in terms of patient's decrease in pain and increase in ADLs. In addition, the treater utilizes a numerical scale and percentages to measure patient's pain with and without medications. Report dated 06/13/2013 states patient has no side effects from the medication and finds them to be "effective for pain relief and improves the ability to perform daily activity." He is noted to have continued improvement in function with ability to do more house work like cooking and cleaning. Report dated 08/27/2013 continues to demonstrate that without medication pain would be 10/10 and with medication pain is at 3/10. In this case, the treater and patient have both documented the efficacy of Percocet. Recommendation is for authorization.