

Case Number:	CM13-0040200		
Date Assigned:	12/20/2013	Date of Injury:	10/12/2005
Decision Date:	01/31/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York. 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 physician 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 applicant is a represented [REDACTED] Employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury on October 12, 2005. Thus far, the applicant has been treated with the following: Analgesic medications, including long- and short-acting opioids; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; total hip arthroplasty; prior epidural steroid injection therapy; a 22% whole-person impairment rating; and extensive periods of time off of work. In a utilization review report of October 18, 2013, the claims administrator partially certified prescriptions for Percocet and MS Contin, seemingly for weaning purposes. The applicant's attorney later appealed. A later note of November 4, 2013 is notable for comments that the applicant reports persistent low back pain radiating to the left leg. She is status post total hip arthroplasty. It is stated that she is having persistent hip complaints. X-rays demonstrate a stable indwelling prosthesis. No clear treatment plan is formulated. An earlier note of October 31, 2013 is notable for comments that the applicant reports persistent issues with low back and hip pain. She is worried that her prosthesis may have been dislocated in a fall. The applicant is using a cane to move about. Diminished left lower extremity sensorium is appreciated. The applicant is given prescriptions for Celebrex, Zanaflex, morphine, and Percocet. It is stated that the applicant's fall and recent admission to the hospital do warrant opioid usage as she is reportedly in pain. An earlier note of September 18, 2013, states that the applicant's pain levels are reduced from 10/10 to 4/10 through usage of morphine and Percocet and that the applicant is able to perform housekeeping work, yard work, and maintain her vegetable garden as a result of ongoing medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

Decision rationale: Percocet contains oxycodone. Oxycodone, per page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, is a Schedule II substance. As noted by the Drug Enforcement Administration (DEA), the refilling of a prescription for a controlled substance listed in Schedule II is "prohibited." Thus, on balance, while it does appear the applicant may meet some criteria for continuation of opioid therapy, I am unable to certify refills for Percocet, a Schedule II controlled substance, as this is apparently prohibited by the DEA.

MS Contin 15mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: Again, while it appears that the claimant may meet criteria for continuation of opioid therapy set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, refills of a Schedule II substance are prohibited by the DEA. Morphine is classified as a Schedule II substance by the DEA. Therefore, certifying two refills of the same proposed by the attending provider cannot be endorsed as it contravenes DEA policy. Since the MTUS does not specifically address the topic of whether or not refills of Schedule II narcotics are permissible, references from the Drug Enforcement Administration (DEA) have been added to augment the MTUS references here.