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| Case Number: | CM13-0042463 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 07/16/1998 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for chronic low back pain, associated with an industrial injury date of July 16, 1998. Treatment to date has included long term use of Percocet 10/325mg since 2012, Gabapentin since October 2013, and home exercises. Utilization review from December 12, 2013 denied the request for pharmacy purchase of Percocet 10/325mg #120 no refills. Medical records from 2012 to 2013 were reviewed, which showed that the patient complained of low back pain, which she described as pain that radiates to the right foot. She also tends to drag the right foot. She rates her pain as 10/10 without the pain medications and 6/10 with the pain medications. Her pain is aggravated by sitting, standing, walking, bending and lifting. The pain is alleviated by changing position, lying down and the pain medications also help. On physical examination, straight leg raising is mildly positive on the right and negative on the left, strength of 5/5 for both lower extremities except for the bilateral EHL grade 4/5, decreased sensation of light touch on the right L2 dermatomal distribution, trace reflexes for both quadriceps, and normal gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASES OF PERCOCET 10/320MG #120 NO REFILLS: Upheld

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

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

Decision rationale: According to page 80 of the Chronic Pain Medical Treatment Guidelines, chapter on opioids for chronic pain, opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. Also in the chapter on opioids on chronic back pain, opioids appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In this case, opioids were used for neuropathic pain with no record of use of either antidepressants or anticonvulsants. The patient has been taking Percocet 10/325mg since 2012. Although there is noted pain relief, the duration of intake is more than 16 weeks. The patient complained of constipation and insomnia, adverse effects of opioid intake. Therefore, the request for pharmacy purchase of Percocet 10/325mg #120 is not medically necessary.