

Case Number:	CM13-0048510		
Date Assigned:	12/27/2013	Date of Injury:	06/30/1995
Decision Date:	08/06/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/06/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

To the documents for review, the patient is a 63-year-old male who sustained injury on 6/30/1995. His current diagnoses related to his injury include chronic low back pain sprain, strain, degenerative joint disease, spasm. The patient has been treated with a multimodal pain medication regimen consisting of opioid therapy, chiropractic therapy and muscle relaxants. He is currently maintained on Opana 40 mg twice per day and Percocet 10 mg/325 mg four times per day. The request was made for 60 tablets of Opana 40 mg and 120 tablets of Percocet 10 mg/325 mg. The request was denied based on MTUS guidelines suggesting that treatment with opioids require review and documentation of pain relief (current, least, an average pain) with corresponding time of onset and duration of effect, functional status, (activities of daily living), appropriate medication use, side effects, and aberrant drug taking behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG 1 TAB QID PRN #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: According to MTUS guidelines, treatment with opioids require review and documentation of pain relief (current, least, an average pain) with corresponding time of onset and duration of effect, functional status, (activities of daily living), appropriate medication use, side effects, and aberrant drug taking behaviors. According to the documents for review, note dated, 5/20/13, the patient is under Narcotic contract, his urine drug screens have been appropriate, his activity reports of have been appropriate, he participated in Oswestry low back pain disability questionnaire, his activity of daily living have been documented to be affected by his condition with noted improvement with opioid use. He has shown no signs of abusing the medications, he has a documented pain relief of 50% with medication use. The 4 A's 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) for ongoing monitoring have therefore documented. Additionally his dose of Percocet is under the 120 mg ceiling recommended by MTUS. Therefore medical necessity has been documented for this medication and dose.

OPANA ER 40 MG BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: According to MTUS guidelines, treatment with opioids require review and documentation of pain relief (current, least, an average pain) with corresponding time of onset and duration of effect, functional status, (activities of daily living), appropriate medication use, side effects, and aberrant drug taking behaviors. According to the documents for review, note dated, 5/20/13, the patient is under Narcotic contract, his urine drug screens have been appropriate, his activity reports of have been appropriate, he participated in Oswestry low back pain disability questionnaire, his activity of daily living have been documented to be affected by his condition with noted improvement with opioid use. He has shown no signs of abusing the medications, he has a documented pain relief of 50% with medication use. The 4 A's 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) for ongoing monitoring have therefore documented. The MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patient staking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. The patient's dose of Opana at 40 mg BID is in excess of 120 mg of morphine equivalents per day. According to the records review there's no evidence of a pain management consultation has taken place. Therefore at this time the requirements for treatment have not been met and medical necessity has not been established.