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| Case Number: | CM13-0070282 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 03/31/1998 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 11/22/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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 Family 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:

This is a 55 years old female patient who sustained an injury on 3/31/1998. The current diagnoses include lumbar degenerative disc disease, failed back surgery syndrome, lumbar radiculopathy, myofascial pain syndrome, hip pain, anxiety, obesity, chronic pain, lumbar facet arthropathy and chronic shoulder pain. According to the doctor's note dated 3/18/14, patient had complaints of low back and lower extremities pain and disturbed sleep due to pain. The physical examination revealed diffuse tenderness over bilateral greater trochanter, lumbosacral spine ROM- forward flexion 100 and hyperextension 10 degrees, positive lying SLR bilaterally, antalgic gait, bilateral lumbar spasm, 4+/5 strength in bilateral extensor hallucis longus, mild decreased sensation in bilateral lateral thigh and 1+ DTRs bilaterally in lower extremities. The medication list includes lunesta, clonazepam, MS contin, oxycodone and ibuprofen. She has undergone lumbar fusion surgery. She has had urine drug testing on 3/21/14, 9/16/13, 6/5/13 which was positive for benzodiazepine, opiates and oxycodone; urine drug testing on 12/18/13 which was positive for opiates and oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Page(s): 75-80.

Decision rationale: This is a request for Percocet, which is an opioid analgesic. It contains acetaminophen and oxycodone. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The response to non-opioid analgesic for this patient is not specified in the records provided. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioids analgesics. The medical necessity of Percocet 10/325 MG #120 is not established for this patient at this time .

MS CONTIN 30 MG CR #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-80.

Decision rationale: MS contin contains morphine sulfate which is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of overall situation with regard to nonopioid

means of pain control is not documented in the records provided. The response to non-opioid analgesic for this patient is not specified in the records provided. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioid analgesics. The medical necessity of MS Contin 30 MG CR #90 is not established for this patient at this time.