

Case Number:	CM13-0070647		
Date Assigned:	01/08/2014	Date of Injury:	09/29/2007
Decision Date:	06/05/2014	UR Denial Date:	12/05/2013
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 Licensed in Anesthesia has a subspecialty in Pain 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 claimant a 46 year old male injured worker with date of injury 9/29/07 with related pain in the neck, upper back, hands, and headaches. His diagnoses were history of vertebral body fracture at C6 with minimal posterior displacement; left-sided C6-7 lateral mass fracture; transverse process fracture of the left C7; nondisplaced fractures within the bodies of T5, T6, T7, and T8; status post left carpal tunnel release, 1/15/10; and right carpal syndrome, deemed non-industrial. Treatment to date has included TENS, physical therapy, and medication management. The date of UR decision was 12/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG #180: Upheld

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): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of Percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The documentation notes that the injured worker's pain on average can be as severe as 9/10 without medication, coming down to a 5/10 with medication. It is also noted that his medications allow him to remain functional, allow him to exercise regularly and carry out his activities of daily living such as cooking, cleaning, helping with household chores, and take care of his property with decreased pain. However, Percocet is not addressed specifically. The injured worker's medication regimen includes Percocet 5/325 TID, Neurontin 800mg TID, Zanaflex 4mg QHS, and Topamax 50mg QHS. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Routine urine drug screens are present in the documentation and are consistent with prescribed medications. Because there is no documentation comprehensively addressing functional improvement and pain relief in the records available for review, the request for Percocet is not medically necessary.