

Case Number:	CM13-0071935		
Date Assigned:	01/29/2014	Date of Injury:	10/20/1997
Decision Date:	07/09/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/30/2013

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:

This is a 60 year-old male who has reported neck, back, and upper extremity pain; and mental illness, and internal medicine conditions, after an injury on October 20, 1997. After multiple upper extremity surgeries he has continued to report severe pain in the arm. Diagnoses have included shoulder impingement, carpal tunnel syndrome, elbow pain with infection, status post elbow arthroplasty, depression, anxiety, diabetes, sleep apnea, and hypertension. The most recent surgery was apparently an elbow arthroplasty revision on 7/15/13. There are medical reports from multiple treating physicians, including the surgeon who performed the elbow surgery and the primary treating physician, who sees the injured worker approximately monthly. All the medical reports refer to non-working status and very poor function. None of the primary treating physician reports discuss opioid prescribing with respect to the criteria in the MTUS. None of the primary treating physician reports describe the specific results of using opioids. Medical reports refer to ongoing depression, hopelessness, and some reports refer to suicidal ideation. On 6/27/13 the primary treating physician prescribed Percocet #140 and OxyContin #90. On 7/26/13 the primary treating physician stated that the injured worker could not use OxyContin so Norco was prescribed (no quantity stated). Percocet #140 was prescribed. On 12/20/13 the primary treating physician notes partial bottles of Morphine and Hydromorphone, stating that these were prescribed as an inpatient and that he did not use them. The injured worker is insulted by any recommendations for a urine drug screen or references to drug addiction. The issue of multiple providers is discussed, and stated to be a non-issue. Since the left arm cannot be used for any purpose, the injured worker is "unemployable". He is described as not performing chores. The treatment plan includes starting Lyrica, Xanax, Terocin, Protonix, and Lipitor. Percocet is discussed and the decision is apparently to stop all narcotics or to continue Percocet (report is unclear). On 2/25/14 the primary treating physician discusses

episodes of pneumonia, various medical conditions, and a patient request for analgesics. Percocet #30 was prescribed. The analgesic history and prescribing reasons are not discussed. On 11/27/13 Utilization Review partially certified Percocet based on time elapsed since the last surgery, co-morbidities, worsening depression, suicidal ideation, multiple prescribers for multiple opioids, and lack of guideline support for opioids to treat neuropathic pain. A modified quantity of Percocet was certified. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; Chronic back pain; Mechanical and compressive etiologies Page(s): 77-81; 94; 80;81.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker is routinely described as greatly disabled, unable to perform any work, and in such pain that he requires assistance with activities of daily living and continued and intensive medical care. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The treating physician may have had the injured worker off narcotics from December 2012 to February 2014. This was not discussed by the primary treating physician, and the reasons for restarting opioids were not discussed. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain, and pain control has been poor in this injured worker. There is no record of a urine drug screen program. As noted in prior Utilization Review, and as evidenced in the medical records, this injured worker has mental health issues which include depression and suicidal ideation. Patients like this are poor candidates for opioids, and this was not discussed by the treating physician. The injured worker also has sleep disorders, is morbidly obese, and is at risk for sleep apnea. Opioids are not a good choice for patients like this. Based on the failure of prescribing per the MTUS, the comorbidities, and the lack of specific functional benefit, Percocet is not medically necessary.