

Case Number:	CM14-0006487		
Date Assigned:	02/07/2014	Date of Injury:	02/12/2003
Decision Date:	08/04/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/16/2014

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 Management, and is licensed to practice in Tennessee. 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 a 57-year-old who has submitted a claim for status post L4-S1 interbody fusion, ninth rib fracture resolved, hypertension industrial causation, bilateral carpal tunnel syndrome, and severe depression, associated with an industrial injury date of February 12, 2003. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain that radiated to both lower extremities accompanied by numbness and tingling. Physical examination revealed patient's ambulation was in a slow and labored manner. There was tenderness in the bilateral paralumbar musculature with mild spasm noted. Straight leg raise test was positive on the left. Lumbar spine range of motion was decreased with flexion to 5 degrees, extension to 5 degrees, right lateral flexion to 5 degrees, and left lateral flexion to 5 degrees. There was hypesthesia in the left L5 and S1 dermatomes. Treatment to date has included spinal cord stimulator, lumbar fusion, aquatic therapy, physical therapy, and medications, which include Avinza, Percocet, Ambien CR, Cymbalta, Zanaflex, Lyrica, Amitiza, Lidoderm patches and Prilosec. Utilization review from January 2, 2014 denied the request for Percocet 10/325mg # 60 because the documentation did not establish the medical necessity for the requested Percocet in concordance with MTUS. A prior request for Percocet 10/325 was certified with modification to facilitate weaning and the treating physician did not provide any substantive and compelling medical evidence to establish the medical necessity of the present request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on chronic opioid treatment although the date of initial intake is not known. Recent progress reports indicated that the patient's current opioid medications include Kadian 20mg every twelve hours, and Percocet 10/325mg up to twice a day as needed for moderate to severe breakthrough pain. Progress report dated January 15, 2014 detailed specific measures of analgesia, objective improvement, and functional improvements secondary to opioid use. Records for review also included toxicology screening, and monitoring of adverse effects or aberrant behaviors from opioid use as required by guidelines. However, the most recent progress report dated February 3, 2014 mentioned that the current treatment plan for the patient is for him to undergo a functional restoration program that would provide detoxification and rehabilitation. Intended goals for inclusion in the program included detoxification from opioid use, reductions in work restrictions and need for opiate medications, and to address the patient's hypogonadic hypo-testosterone secondary to his chronic opioid use. Therefore, the request for Percocet 10/325mg, sixty count, is not medically necessary or appropriate.