

Case Number:	CM14-0100087		
Date Assigned:	07/25/2014	Date of Injury:	08/23/2007
Decision Date:	09/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 69-year-old male who reported an injury on 08/23/2007. The mechanism of injury was not provided within the documentation submitted for review. The injured worker's diagnoses were noted to be multilevel lumbago with radiculopathy, bilaterally; sacroiliac joint and facet joint arthropathy; multilevel cervicalgia with radiculopathy; extensive myofascial syndrome; cervicogenic headaches; reactive sleep disturbance, reactive depression; and repeated falls. The injured worker was noted to have prior treatments of epidural steroid injections and medications. Pertinent diagnostics were noted to be an MRI of the lumbar spine. The injured worker reported subjective complaints on 07/11/2014 on a primary treating physician's progress report. It was noted that the injured worker had complaints of pain rated 6/10 to 7/10 in the lumbar and cervical spine. The objective physical exam findings were noted to be tenderness bilaterally over the sciatic notch. Tenderness over the sacroiliac joints bilaterally which were positive to provocative maneuvers. There were associated paraspinal muscle spasms in the lumbar region, particularly around the facet. The injured worker had significant pain with flexion and extension movements of the trunk area. The injured worker's medications were noted to be Percocet, Tramadol, Norco, Flexeril, and Lunesta. The treatment plan was medication refills. A rationale for the request was noted within the review. The request for authorization form was provided and dated 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78-82, 86-87.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The injured worker's documentation failed to provide an adequate pain assessment. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to provide a dosage frequency. Therefore, the request for Percocet 10/325mg, QTY#180 is considered not medically necessary.