

Case Number:	CM14-0102056		
Date Assigned:	07/30/2014	Date of Injury:	01/21/2008
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old female who reported an injury on 01/21/2008 due to a heavy piece of metal gate falling on her. The injured worker has diagnoses of pain disorder associated with both medical and psychological features, depressive disorder not otherwise specified, status post-surgery to the left hip secondary to acetabular fracture in 01/2008 and the death of husband in 2000. The injured worker has undergone visits with the psychologist and psychiatrist, cognitive behavioral therapy, physical therapy, home exercise program and medication therapy. Medications include Lexapro 20 mg, Percocet 10/325 mg, amitriptyline 1 to 3 tablets at bedtime and OxyContin 10 mg from 3 to 2 tablets a day. It was noted in the report dated 02/14/2011 that with the use of OxyContin there had been minimal functional gains. The Lexapro and amitriptyline were reported to be taken since at least 2010. The injured worker also underwent lumbar medial branch blocks, one 09/10/2008 and another on 09/30/2008. There was not any pertinent diagnostics submitted in the review. The injured worker is postop left hip surgery. The injured worker complained of neck and back pain. There were no measurable pain levels documented in the submitted report. There were no pertinent physical exam findings in the submitted report. The treatment is for the injured worker to continue taking Percocet 10/325 three times a day to allow the injured worker to wean off the medication. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modify Percocet 10/325mg 3x day to allow the patient this one refill of Percocet 10/325mg #90 for the purpose of weaning, with a reduction of MED by 10-20% per week over a weaning period of 2-3 months.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release; Oxycodone controlled release; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80 and 92.

Decision rationale: The request for Modify Percocet 10/325mg 3x day to allow the patient this one refill of Percocet 10/325mg #90 for the purpose of weaning, with a reduction of MED by 10-20% per week over a weaning period of 2-3 months is non-certified. The injured worker complained of neck and back pain. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 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. The submitted report did not show any of the above. There was no mention of any side effects or how long the medication worked for. The submitted report also failed to show efficacy of the use of the Percocet. The reports lacked quantified evidence that the requested medication helped with any functional deficits the injured worker might have had. The submitted report did not show that the injured worker was compliant with drug screens. Furthermore, it was noted that the injured worker had been taking Percocet since at least 10/26/2009, and long term opioid use is not recommended. Given the above, and that the request for Percocet lacked a frequency and duration this request is not medically necessary.