

Case Number:	CM14-0012710		
Date Assigned:	02/21/2014	Date of Injury:	10/06/1998
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/31/2014

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 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 with a date of injury of 10/6/98. The mechanism of injury was not noted. On 10/9/13, he discussed and signed a pain contract with the MD. On 11/14/13, he complained of lower back pain, radiating down the right leg, bilateral wrist pain and right knee pain. His pain level has increased since his last visit and no reported change in location of pain. His quality of sleep is poor and he states he is taking his medications as prescribed and the medications are now less effective, in particular the OxyContin. On 1/27/14, his pain level has decreased since his visit and he has decreased his Percocet from 3/day to 2/day on occasion. Objective findings: he appeared well groomed and moderately obese. He appeared calm and did not show signs of intoxication or withdrawal. His gait was antalgic and did not use assistive devices. The lumbar spine showed restricted range of motion as well as bilateral wrists. The Percocet reduces his breakthrough pain from 8/10 to 4/10, and demonstrates functional improvement with home activities. The diagnosis is lumbar facet syndrome, knee pain. Treatment to date: surgery, physical therapy, chiropractic therapy, medication management, pain management program, diet and weight loss program as part of his pain management program, home exercise program. A UR decision dated 12/30/13, denied the request for Percocet. The patient was taking Oxycontin 40mg twice a day and Percocet 10/325mg 3 tablets per day, with a total MED of 165. In addition, he is taking lorazepam. The recommended MED ceiling is 120 and the use of opiate drugs exceeding the recommended ceiling increases the risk for mortality and adverse effects. The patient is also using a benzodiazepine and the accumulative sedative effect of these medications compounded by the addictive potential of the medications is worrisome.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUESTING PERCOCET 10-325 MG, 3 TIMES DAILY AS NEEDED, #90 MED 45:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. With a dose of 80mg of Oxycontin and 3 tabs of Percocet 10/325 per day, the patient's MED is 165. Guidelines state that the MED can be up to 200. The patient did show functional improvement with the increase in his Oxycontin and also a decrease in the Percocet for breakthrough pain from 3 tablets per day to 2 tablets per day on occasion. The patient signed a pain contract and has had a positive discussion with his physician regarding his pain medication usage. A urine drug screen was appropriate with regards to the prescribed medications. It is also noted that the patient's dose of Percocet was reduced to twice a day as needed to taper the patient off the medication. The provider is noted to be actively titrating the patient's medication to provide the best pain control possible. Therefore the request for Percocet 10/325 mg 3 times a day as needed #90 MED 45 is medically necessary.