

Case Number:	CM14-0012988		
Date Assigned:	02/24/2014	Date of Injury:	06/21/2009
Decision Date:	07/03/2014	UR Denial Date:	01/02/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 59-year-old male who reported an injury on 06/21/2009. The worker was injured while moving a double-sided refrigerator on a dolly through a tight spot with a co-worker. On 11/18/2013, his diagnoses included severe discogenic low back pain secondary to annular fissures at L4 and L5, status post fusion, severe myofascial pain/spasm, poor sleep due to pain, reactive depression, tobacco use, and fibromyalgia. He reported ongoing lower back pain and leg pain, greater on the right than on the left. His average pain was 6-7/10 and his functional level was rated 7/10. He had a spinal cord stimulator placed on 06/24/2013 and removed on 12/13/2013 due to poor healing, infection with drainage at the insertion site and poor analgesic results. His medications included Celebrex 200mg, Colace 100mg, Cymbalta ER 60mg, Linzess 145mcg, Lyrica 300mg, Methadone 10mg, OxyContin 30mg, Percocet 10/325, Prilosec 20mg, Prozac 40mg, Senokot-S 8.6/50mg, and fentanyl spray 40 mcg. The provider noted the injured worker showed no signs of sedation or withdrawal and was appropriate otherwise. His treatment plan included a home exercise program, consideration for physical therapy for strength/flexibility, continue medications, and "psych" care for ongoing depressive symptoms. A urine drug screen was performed on 08/13/2013 which was noted to be consistent with the injured worker's prescribed medication regimen. The urine drug screen was positive for norfentanyl, oxycodone, noroxycodone, oxymorphone, methadone and EDDP (2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine). The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (Oxycodone & acetaminophen). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE AND OPIOIDS, DOSING Page(s): 78; 86.

Decision rationale: The injured worker's low back pain is being treated pharmacologically with four opioids, including Methadone 10mg, OxyContin 30mg, Percocet 10/325, and fentanyl spray 400mcg. The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS guidelines recommend performing a full pain assessment with documentation of 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 MTUS guidelines also recommend assessing for adverse side effects and aberrant drug taking behaviors. Additionally, the MTUS guidelines note opioid dosing should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Per the provided documentation the injured worker is prescribed Methadone 10mg 1 tablet every 8 hours, Oxycontin 30mg every 8 hours, Percocet 10/325mg 4 times daily, and Subsys 400mcg/spray sublingually once per day as needed for pain. There is a lack of documentation of assessment for ongoing side effects or lack thereof. The injured worker's average pain is documented; however, there is a lack of documentation indicating a complete pain assessment was performed. The provided documentation did not include adequate documentation demonstrating the injured worker has significant objective functional improvement with the medication. The request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Additionally, the morphine equivalent of Methadone, Percocet, and Oxycontin totals 435 mg; this far exceeds the recommended 120 mg morphine equivalents per day. For these reasons, the request for Percocet 10/325mg #120 is non-certified.