

Case Number:	CM14-0116000		
Date Assigned:	08/04/2014	Date of Injury:	10/25/1996
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work-related injury on October 25, 1996. Subsequently, she developed chronic back pain. According to a note dated on June 26, 2014, the patient was complaining of her low back pain radiating to both lower extremities. The severity of her pain was rated 8-9 (pain without medications and 5/10 with medications). Her physical examination demonstrated thoracic paraspinal tenderness with preservation of range of motion, lumbar tenderness with reduced range of motion and negative straight leg raise test. The patient was diagnosed with lumbosacral radiculopathy, fibromyalgia, myositis and thoracic spine pain. The patient was treated with opioids including Percocet since at least 2012 and neuropathic pain medications. The provider requested authorization to use Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions

from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: 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. The patient has been using Percocet for long period of time (at least since 2012) without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient was prescribed other opioids and the addition of Percocet is not justified. There is no justification for the use of several narcotics. Therefore the prescription of Percocet 10/325mg, #180 is not medically necessary.