

Case Number:	CM14-0126527		
Date Assigned:	08/13/2014	Date of Injury:	10/17/2011
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family Medicine and is licensed to practice in Pennsylvania. 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 worker sustained an injury on October 17, 2011 resulting in chronic low back pain. Diagnostic studies included MRI. His treatment regimen included epidural injections, physical therapy and pain medications. He has been followed routinely by orthopedic surgery. At a visit on July 2, 2014 he had a 6 week interval followup for chronic low back and bilateral right greater than left sided leg pain. It was stated he was not a surgical candidate. He was taking 6 percocet per day and his pain was stated as fairly well controlled. Physical examination revealed an antalgic gait. He had tenderness over the sciatic notches. He had 5/5 muscle strength in the lower extremities. Sensation was diminished in the right L5 nerve root. Straight leg testing was negative. The assessment was chronic low back pain with bilateral lower extremity radiculitis secondary to underlying DDD with degenerative scoliosis, anxiety, depression, and chronic pain syndrome. A psychiatric evaluation previous to this visit on June 3, 2014 stated he had "inappropriate dependence on narcotic medications."

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 74-95.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Review of the medical record did not reveal adequate documentation to support the ongoing use of opioids. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Percocet.