MAXIMUS Federal Services

Case Number:	CM14-0126910		
Date Assigned:	08/13/2014	Date of Injury:	09/04/2010
Decision Date:	12/26/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Interventional Spine 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:

The patient is a 30 year old male with date of injury 9/4/10. The treating physician report dated 6/27/14 states there is nothing new to report, he is limited due to back pain and that by taking Norco and Percocet on an alternating basis, he says that is feeling better with regards to pain. The physical examination findings reveal tenderness in the parathoracic region with tightness of paralumbar musculature. Current Medications: Norco 10/325 qid (on hold while taking Percocet), Lactulose, Omeprazole, Methadone, Capsaicin cream and Percocet 10/325 one 4 times a day. MRI findings dated 1/29/14 reveal post left laminectomy L4/5, stenosis, tear at L5/S1 with protrusion. The current diagnoses are: 1.Chronic low back pain status post-surgery, 2.Insomnia, 3.Symptoms of ED, 4.Symptoms of depression. The utilization review report dated 7/10/14 denied the request for Percocet 10/325 #28 with 2 refills for the purpose of weaning over a 2-3 month period based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #28 with 2 refills for the purpose of weaning to discontinue, over a weaning period of 2-3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

Decision rationale: The patient presents with chronic back pain and is status post lumbar surgery. The current request is for Percocet 10/325mg #28 with 2 refills for the purpose of weaning to discontinue, over a weaning period of 2-3 months. Review of the treating physician report dated 5/28/14 states, "He would like to try Percocet instead of Norco and Tylenol #3 to see if this better controls his back pain. I will give him one weeks worth of Percocet and he will not take Norco or Tylenol #3 to see how it works for him. On 6/27/14 there is no discussion of the trial outlined on 5/28/14 and the treater states, "By taking Norco and Percocet on an alternating basis, he says that he is feeling better with regards to his pain. He will continue his current meds." There is no discussion of weaning the patient from the Percocet that had only been used for one week. The MTUS guidelines recommend Percocet for more severe pain. MTUS requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case there is no documentation of any of the requirements that are outlined in the MTUS guidelines. The current request for 3 months of Percocet usage to wean the patient off of a medication that was prescribed for 7 days do not appear medically reasonable. Recommendation is for denial.