

Case Number:	CM14-0132853		
Date Assigned:	08/22/2014	Date of Injury:	11/25/2002
Decision Date:	10/02/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 42 male with a work related injury dated 11-25-02. The claimant is status post L4-L5 total disc arthroplasty and L5-S1 fusion. He had a SCS trial performed in January 2014. It is noted the claimant has recurrent falls, right thumb contracture and toe fracture. The claimant is currently being treated with medications. Office visit dated 6-30-14 notes the claimant is essentially the same. He reports right shoulder pain, right hand pain, and low back pain. The claimant has an antalgic gait. Pain with palpation at the right shoulder, right hand, low back, positive SLR, moderate decrease range of motion due to pain. The claimant's medications include Lotrel, Prilosec, Zantac, and topical creams, Gabapentin, Skelaxin, Oxycontin, Percocet and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) 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 claimant reports that the medications provide help his pain. There is an absence in documentation noting functional improvement with the medications provided, how long the relief lasts, how long does it take for him to have pain relief, how the ongoing use of opioids improve his quality of life. Additionally, this claimant is being prescribed with Oxycontin and Norco. A third opioid analgesic is not supported per current treatment guidelines. Therefore, the medical necessity of this request is not established.

**ONGOING PAIN MANAGEMENT CARE FOR MEDICATION MANAGEMENT
(UNSPECIFIED NUMBER OF VISITS): Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids include ongoing monitoring. Nonspecific request for medication management is not supported. However, due to the medications that this claimant is currently receiving, a follow-up visit is reasonable and medically indicated for continued monitoring and medication management, as well as to allow the physician to provide a specific request, but non specific number of followups is not supported.