

Case Number:	CM14-0138263		
Date Assigned:	09/05/2014	Date of Injury:	11/18/2009
Decision Date:	11/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/26/2014

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 Alabama. 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 44 year old female who was injured on November 18, 2009 when she slipped and fell. Prior treatment history included Percocet, Mirapex, Lyrica, Lexapro, and Gralise. Surgical history included lumbar laminotomy, decompression of nerve roots, partial facetectomy, foraminotomy, and disc removal. According to the UR, MRI of lumbar spine dated April 10, 2012 showed mild degeneration with slight desiccation and annular disc bulging at L3-5 more on the left side, neural foramen narrowing secondary to facet hypertrophy on the left at L3-4, and annular tear over the surface of the disc bulge. Progress Report dated March 25, 2014 documented the patient to have complaints of cramps and tingling in upper and medial thigh, and central back pain which she rated as 6/10. It also documented the patient was on Oxycodone at this time. Physical exam revealed painful lumbar range of motion, which was as following; forward bending at 25%, backward bending at 20%, right rotation at 25%, left rotation at 50%, right and left side bending at 25%. Strength testing was noted to be slightly weak on the left side, rated as 4/5. The patient was diagnosed with lumbar paraspinal spasm and pain inhibiting function and was recommended therapeutic exercises two times a week for four weeks. Office Visit dated August 7, 2014 documented the patient complaints of back pain. There was no documented physical exam. The patient was diagnosed with lumbosacral radiculitis and was recommended to follow up in 5 weeks. Prior Utilization Review dated August 21, 2014 modified the request for Percocet 10/325 mg #180 (which was requested on August 14, 2014) to Percocet 10/325 #90 for the purpose of weaning the patient off as there is no documented evidence of improvement in the patient's pain.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: The above MTUS guidelines for ongoing opioid management states "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, sideeffects, 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 for documentation of the clinical use of these controlled drugs." In this case, there is inadequate documentation of the 4 A's as listed per guidelines above. Note from 8/7/14 states "chief complaint: Back pain" and "Pain Scale: 5." It does not address any of the 4 A's of ongoing opioid management. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. This does not imply a recommendation of abrupt cessation of the medication. Any medical order must be considered by the treating physician in accordance with the appropriate standard of care to avoid any adverse consequences which may occur with changes in the treatment regimen.