

Case Number:	CM14-0139001		
Date Assigned:	09/05/2014	Date of Injury:	06/12/2013
Decision Date:	10/07/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 Georgia. 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 53 year old male who sustained an injury 06/12/2013. The mechanism of injury has not been provided. Prior medication history included Soma 350 mg, Temazepam 15 mg, Zetia, Lipitor, Cymbalta 60 mg, Nucynta ER and Percocet 10/325 mg. Prior treatment history has included physical therapy to the left knee. The patient underwent request for authorization (RFA) of the right L1-L2, L2-L3, and L3-L4 lumbar facet joints on 04/11/2014. He underwent total left knee replacement on 05/02/2014. Progress report dated 08/07/2014 stated the patient presented with complaints of bilateral low back pain. The patient had a right L1-L4 facet joint radiofrequency nerve ablation and reported maintaining 70% improvement of his right back pain. His symptoms were exacerbated with activity. On exam, there was tenderness to palpation of the lumbar paraspinal muscles overlying the bilaterally L3-S1 facet joints, left sacroiliac joint sulcus. Bilateral lower extremity range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive as well as Patrick's maneuver, Gaenslen's, and Yeoman's. His diagnoses included bilateral lumbar facet joint pain at L3-S1; lumbar facet joint arthropathy; left sacroiliac joint pain; lumbar disc protrusion; and lumbar sprain/strain. The patient was instructed to continue with Percocet 10/325 #120 times 2 as it provided 60% decrease of the patient's breakthrough pain with 60% improvement of the patient's activities of daily living such as self-care and dressing. The patient's ODI was 30 with the use of Percocet and 41 without it. The patient also had a urine drug screen (UDS) performed which revealed consistent results. Comprehensive Medical Legal Evaluation Report dated 08/25/2014 noted similar objective findings as noted above. Noted again was a reported 60% decrease in patient's breakthrough pain with 60% improvement of patient's activities of daily living such as self care and dressing. Again noted was an ODI of 30 with use of Percocet and 41 without. Prior utilization review dated 08/21/2014 stated the request for Percocet 10/325mg #120 was modified

to certify Percocet 10/325 mg #120 times 1. Utilization review performed 08/29/2014 stated the request for Percocet 10/325 mg #120 times 2 would remain modified to times 1 due to perceived inconsistencies in medical documentation regarding necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: 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 Opioids Page(s): 74-96.

Decision rationale: Based on the California Medical Utilization Treatment Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, ongoing management of pain with opiate medications should include "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." The California (MTUS) "Overall treatment suggestions" note that a trial of opioids as a non-first-line agent for chronic pain is appropriate. Titration to an effective dose, with discontinuation if not effective, is recommended. During the maintenance phase, careful attention for worsening of pain and appropriate evaluation of possible causes is recommended. Recommendations are made to reassess efficacy of prescribed opiate medications every six months. MTUS notes that, for long-term users of opioids (6-months or more), the following question (among others) should be asked to re-assess need for ongoing opioid use: What treatments have been attempted since the use of opioids? Have they been effective? For how long? The medical records document the reported "60% improvement in breakthrough pain with maintenance of activities of daily living such as self care, dressing" at least as far back as 03/27/2014, or 15 days prior to having his RFA performed. These same values were carried forward in each subsequent progress report and the Comprehensive Medical Legal Evaluation Report through late August of 2014, despite a clear documented change in circumstances and a reported 70% improvement in pain attributed to the RFA documented in notes dated 06/19/2014, 06/27/2014, 08/07/2014, 08/25/2014, and 08/29/2014. No documentation was provided demonstrating a reassessment of need for ongoing opiate medications at currently prescribed levels. Based on MTUS guidelines and criteria documented above, and given documented significant change in pain related to RFA performed 04/11/2014 and apparent need for reassessment of need for current opiate therapy as prescribed, medical necessity for the request for Percocet 10/325 mg #120 times 2 has not been established.