

Case Number:	CM14-0150829		
Date Assigned:	09/19/2014	Date of Injury:	01/14/2004
Decision Date:	10/29/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 injured worker is a 56-year-old male who reported an injury on 01/14/2004. The mechanism of injury was not provided. Diagnoses included chronic pain, lumbar radiculopathy, depression, medication related dyspepsia, and chronic nausea/vomiting. Past treatments included an intrathecal pain pump and medications. Diagnostic studies included an unofficial EMG/NCV on 01/11/2007, which reportedly revealed right L5 and S1 radiculopathy. The clinical notes dated 05/27/2014 indicated the injured worker complained of low back pain radiating down the bilateral lower extremities, accompanied by a tingling sensation. The injured worker rated the pain 6/10 with medications and 9/10 without medications. He stated that pain medications allowed for increased functional improvement. Physical exam of the lumbar spine revealed tenderness to palpation in the spinal vertebral area at the L4-S1 levels, and decreased range of motion secondary to pain. Current medications included Cymbalta 60 mg, ondansetron 4 mg, Soma 350 mg, omeprazole 20 mg, Oxycontin 60 mg, and Percocet 10/325 mg, as well as intrathecal pump infusing Dilaudid 11 mg per day. The treatment plan included Percocet 10/325 mg #120. The rationale for the treatment plan was pain control. The Request for Authorization form was not provided.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86-87.

Decision rationale: The California MTUS Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related 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. The guidelines recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day. Rarely, and only after pain management consultation, should the daily dose of opioid be increased above 120 mg oral morphine equivalents. The injured worker complained of low back pain radiating to the bilateral lower extremities rated 6/10 with medications and 9/10 without medications. The injured worker had been taking the requested medication since at least 05/27/2014. While the injured worker stated functional improvement secondary to taking pain medications, there is a lack of significant quantified pain relief. As the medications were prescribed, he was taking 374 mg oral morphine equivalents per day. There is a lack of clinical documentation of the need to exceed the guideline recommended morphine equivalent dosage of 120 mg per day. There is also a lack of documentation of any potentially nonadherent drug related behaviors through the use of urine drug screens. Additionally, the request does not indicate a frequency for the medication. Therefore, the request for Percocet 10/325 mg #120 is not medically necessary.