

Case Number:	CM14-0158041		
Date Assigned:	10/01/2014	Date of Injury:	11/05/2002
Decision Date:	10/29/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 64 year old male who was injured on 11/5/2002. He was diagnosed with lumbar and thoracic strain/sprain, multilevel degenerative disk disease in the lumbar and thoracic spine, and later chronic low back pain. He was also diagnosed with cervical stenosis with radiculopathy. He was treated with chiropractor treatments, massage therapy, medial branch blocks, opioids (including Percocet since 7/2013), physical therapy, traction therapy, benzodiazepines, and antidepressants. The worker was seen on 3/12/2014 by his treating physician, complaining of his stabbing back pain with burning sensation down his left leg without change. He reported that was not working, but was using Percocet and Amitiza, Xanax for anxiety, and other medications for his hypertension. He reported that he would not be able to function without his pain medication, and rated his pain on average at 7-8/10 on the pain scale with medication (and reported 50% improvement in function) and 10/10 without medication. He was then recommended to continue Percocet 10/325 mg four times daily as well as Amitiza 24 mcg twice daily. He was also recommended to continue his exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #120: Overturned

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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. It appears that upon reviewing the available notes, the worker in this case seems to be benefitting functionally as well as with pain-reduction from using Percocet. A pain contract and urine screening was implemented as part of the monitoring. Side effects are being accounted for by the provider. Therefore, it is in the opinion of the reviewer that it is appropriate and medically necessary to continue the Percocet in this case.