

Case Number:	CM14-0165007		
Date Assigned:	10/10/2014	Date of Injury:	02/28/1975
Decision Date:	12/30/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a 61 year old male with a work related low back injury dated 02/28/1975. Conservative care was initiated but low back and left leg pain progressively worsened resulting in lumbar 5-sacral1 fusion and lumbar 4-5 laminectomy with improvement in left leg pain. Conservative care consisted of multiple steroid Injections, Massage, E-Stimulation, Physical Therapy, and Chiropractic Care, Ice and Heat with minimal to moderate relief. He has a past medical history of diabetes and migraines and a past surgical history of appendectomy and fusion as listed above. On July 23, 2013 the pain management provider documented the injured workers (IW) behavior as angry, frustrated and verbally abusive towards staff stating a discharge letter was sent to the IW due to behavior. On 08/12/2014 the IW was seen by a second pain management provider and was offered a detoxification program and a multidisciplinary approach to his pain. The IW worked full time and stated he could not afford to take the time off. On 09/15/2014 he was evaluated by physical medicine and rehabilitation physician with complaints of bilateral low back pain radiating down the left lower extremity. The injured worker (IW) stated his pain had increased and he had not been able to get his OxyContin. He also stated he has been taking up to 6 Percocet's per day but it had not been controlling his pain. He rated the pain as 8-9/10 which he is able to get down to 4-5/10 with OxyContin. The IW also states he was able to work full time while taking OxyContin. Physical exam revealed tenderness in bilateral low back. Lumbar spine exam revealed 60 degrees of flexion, 0 degrees of extension and 20 degrees bilateral bending. Pelvic rock and sustained hip flexion were positive. Straight leg raise tests were negative bilaterally. Motor and sensory exam and gait were normal. Diagnosis is chronic low back pain with history of lumbar fusion at lumbar 5-sacral 2 in 2010. The provider requested Percocet 10/325 to be taken 4 tablets a day # 120. The IW was to continue his current work. On 10/03/2013 utilization review determined the request for Percocet 10/325 4 tablets a day # 120 to

be non-certified citing the following: "The guidelines note that opioids are indicated for the short-term (less than 2 weeks) management of non-malignant chronic pain." "When opioids are prescribed their combined Morphine Equivalent Dose should not exceed 120 mg per day." Currently the provider has prescribed Oxycontin 20 mg 2/day and Percocet 10/325 mg 4/day which yields a daily morphine equivalent dose of 150 mg. Based on the records reviewed in conjunction with guideline recommendations regarding the immediate discontinuation of opioids when there is evidence of inconsistent reporting and abusive patient behavior, as well as opioid ineffectiveness (Percocet 6/day) not helping) as noted by the patient, the provider's prospective request for 1 prescription of Percocet 10/325 mg #120 is non-certified." Guidelines - California Chronic Pain medical Treatment Guidelines (May 2009) Opioids dosing. The request was appealed to Independent Medical Review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of pain relief and functional improvement. A progress note from 9/16/14 indicates that the patient was once working full time when on a combination of Oxycontin and Percocet prn. The patient has also trialed weaning to 2/3rd of his previous Percocet dose as documented on a note dated 5/21/14, and did poorly with the wean and was less function. There was documentation of a signed opioid agreement on 9/16/2014. The only factor which should be improved upon is the frequency of urine drug testing. This was last documented on 8/27/2013, and a more recent urine drug test should be carried out. However, this should not be grounds for the present denial of Percocet. This request is medically necessary at this time.