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| Case Number: | CM14-0165030 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 03/08/2000 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/25/2014 |
| 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 Pain Management 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 61 year old female with a date of injury on March 8, 2000. As per the report of May 22, 2014, she complained of persistent symptoms in her neck, thoracic, and low back area. Her thoracic pain was radiating over to the right side of her rib cage as before. Since her motor vehicle accident in February 2014, her symptoms have increased. She rated her pain at 8/10 to 9/10. Her neck and thoracic pain increased. Her right-sided mid lumbar area pain was new. On examination, she had decreased range of motion of the cervical, thoracic, and lumbar spine. She was in quite a bit of pain. Neurologically, she was intact with good strength. Sensory findings were not consistent. Straight leg-raise test was negative bilaterally. A magnetic resonance imaging scan of the C-spine dated March 3, 2010 revealed cervical spondylosis. A magnetic resonance imaging scan of the L-spine dated March 3, 2013 revealed mild lumbar spondylosis; multilevel annular bulges, appeared improved at flexion and slightly larger at L3-4 and L4-5 with extension. A magnetic resonance imaging scan of the T-spine dated February 5, 2013 revealed compression fracture in the mid thoracic level. She underwent right knee surgery in 2011 and did much better from that. Current medications include OxyContin, Percocet, Imitrex nasal spray, Naprosyn, Nexium, Baclofen, and Flexeril. She received acupuncture for her personal injury in February 2014. She has been taking Percocet since at least March 19, 2014. Diagnoses include chronic neck pain and low back pain, right-sided thoracic pain with T7 and T9 compression fractures since her fall injury from December 2012, bilateral shoulder pain, headaches, insomnia, and depression and anxiety. The request for Percocet 10/325 mg, #60 was modified to #45 and Motrin 800 mg, #60 was denied on September 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Percocet (Oxycodone & Acetaminophen) Page(s): 75, 92, 97.

Decision rationale: According to the California Medical Treatment Utilization Schedule guidelines, Percocet (Oxycodone & Acetaminophen) as a short acting opioid is recommended for breakthrough pain. As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers 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)." 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. In this case, the medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic methods of pain management. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Furthermore, conversion to long-acting opioids should be considered when continuous around the clock pain control is desired. Therefore, the Percocet 10/325mg #60 is not medically necessary and appropriate.

Motrin 800mg #60 (dispensed on 9/16/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67.

Decision rationale: Per guidelines, non-steroidal anti-inflammatory drugs such as Motrin are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain suggested that non-steroidal anti-inflammatory drugs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that non-steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain, as there is no evidence of long-term effectiveness for pain or function. The medical records do not demonstrate that this injured worker has obtained any benefit with the medication regimen. There is no documentation of any

significant improvement in pain level (i.e. visual analog scale) or function with respect to its use. Long-term use of non-steroidal anti-inflammatory drugs is not recommended due to gastrointestinal diseases or renal and cardiac side effects. In the absence of significant objective improvement, Motrin 800mg #60 (dispensed on 9/16/14) is not medically necessary and appropriate.