

Case Number:	CM14-0170660		
Date Assigned:	10/23/2014	Date of Injury:	01/29/2013
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/15/2014

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, has a subspecialty in Interventional Spine 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 patient is a 46 years old female with an injury date on 01/29/2013. Based on the 08/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Low back pain 2. Radiculopathy. According to this report, the patient complains of "neck pain radiating from neck down Right Arm., back pain radiating from low back down to Both Legs., lower backache and right shoulder pain. Pain level has remained unchanged since last visit." Physical exam reveals restricted lumbar range of motion. Gaenslen's test, heel-toe walk, lumbar facet loading, and FEBER test are positive. Tenderness is noted over the right SI joint. Decreased sensation to light touch is noted over the right medial and lateral thigh. The 07/31/2014 report indicates the patient's pain level is at 9/10 with medications and a 10/10 without medications. Activity level has remained the same. No side effects reported. The patient states "Percocet is lasting only 3 hours and she has increased to 4/day due to increased pain." There were no other significant findings noted on this report. The utilization review denied the request on 09/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/14/2014 to 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS ; CRITERIA FOR USE OF OPIOIDS Page(s): 76-78 - 88,
89.

Decision rationale: According to the 08/25/2014 report by [REDACTED] this patient presents with "neck pain radiating from neck down Right Arm., back pain radiating from low back down to Both Legs., lower backache and right shoulder pain." The treater is requesting Percocet 10/320mg #90. Percocet was first mentioned in the 06/09/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows that the patient "continues to work as a RN." There were documentation of pain assessment using a numerical scale describing the patient's pain with and without medication. Pain level is from 10/10 to 9/10 with medication which does not appear to be a significant improvement. The patient was noted to have increased Percocet from 3 per day to 4 per day but the patient's pain level remained the same. The treater does not address this lack of response and possible opiate induced hyperalgesia. The treater does not provide urine toxicology, or CURES report only discussing in general terms regarding opiate monitoring for aberrant behavior. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Treatment is not medically necessary and appropriate.