

Case Number:	CM14-0186149		
Date Assigned:	11/14/2014	Date of Injury:	09/08/2008
Decision Date:	12/23/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehabilitation & Pain Management 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 56 year old with an injury date on 9/8/08. Patient complains of low lumbar pain with radiating right leg pain, with associated "give-way weakness," overall pain rated 8-9/10 per 10/20/14 report. Patient states the pain is worsening per 9/4/14 report due to withheld medications, and also with increased activity. Based on the 10/20/14 progress report provided by the treating physician, the diagnoses are: 1. NHP L-spine; 2. Obesity. Exam on 10/20/14 showed "L-spine range of motion is limited, especially extension (0 degrees)." Patient's treatment history includes rest, ice, medication (Percocet, Medrol Dose Pack, currently Nucynta, Tizanidine, Celebrex since 6/10/14). The treating physician is requesting percocet 10/325mg #120 and medrol dose pack. The utilization review determination being challenged is dated 10/24/14 and denies request as long term opiate use is not indicated by MTUS. The requesting physician provided treatment reports from 6/10/14 to 11/12/14.

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 Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Medications for chronic pain Page(s): 60,61;76-78;88-89..

Decision rationale: This patient presents with lower back pain, right leg pain. The treating physician has asked for Percocet 10/325mg #120 on 10/20/14. Patient has no documentation of prior use of Percocet. Patient has been taking Nucynta since 6/10/14. For chronic opioids 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 adverse 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. In this case, the patient presents with chronic back pain. The treating physician has requested a trial of Percocet which is reasonable for patient's chronic pain condition. Regarding medications for chronic pain, MTUS pg. 60 states treating physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The requested trial of Percocet is medically reasonable in this case. The request is medically necessary.

Medrol dose pack #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, 2014 web-based edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Oral Corticosteroids.

Decision rationale: This patient presents with lower back pain, right leg pain. The treating physician has asked for Medrol Dose Pack on 10/20/14. Patient has no documentation of prior use of Medrol dose pack. Regarding oral corticosteroids, ODG states not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013). The requested medrol dosepack is not indicated at this time, as ODG does not recommend for this patient's chronic pain condition. The request is not medically necessary.