

Case Number:	CM14-0027624		
Date Assigned:	06/13/2014	Date of Injury:	09/01/2004
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesia, has a subspecialty in Acupuncture and 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 patient is a 59 year old female injured worker with date of injury 9/1/04 with related back pain. Her diagnoses include failed lumbar spinal surgery syndrome with chronic back and right leg pain. Per progress note dated 5/1/14, the injured worker has severe chronic neuropathy in the right lower extremity. She had a spinal cord stimulator implant because of ongoing severe neuropathic pain from nerve damage from her injury and subsequent surgery. Imaging studies were not available in the documentation submitted for review. The documentation submitted for review does not state whether physical therapy was utilized. She has been treated with spinal cord stimulator and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG #450 WITH 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of 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 As' (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveal documentation to support the medical necessity of Percocet. Per 5/1/14 progress report, it is stated: "the medications help to bring the pain to a tolerable level. As a result, she is able to engage in her regular activities, which include being independent in activities of daily living, having her engage in therapeutic exercise and being able to access the community independently. Without the medications, the patient would lose her functional independence. She would also greatly increase her utilization of healthcare services, including requiring additional surgery to relieve her ongoing chronic pain." I respectfully disagree with the UR physician's assertion that the documentation submitted for review did not describe functional improvement secondary to the medication. Given the above request is medically necessary.

EXALGO ER 8MG #30 WITH 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines page 78 regarding ongoing management of 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 As' (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveal documentation to support the medical necessity of Exalgo. Per 5/1/14 progress report, it is stated: "the medications help to bring the pain to a tolerable level. As a result, she is able to engage in her regular activities, which include being independent in activities of daily living, having her engage in therapeutic exercise and being able to access the community independently. Without the medications, the patient would lose her functional independence. She would also greatly increase her utilization of healthcare services, including requiring additional surgery to relieve her ongoing chronic pain." I respectfully disagree with the UR physician's assertion that the documentation submitted for review did not describe functional improvement secondary to the medication. Given the above request is medically necessary.