

Case Number:	CM14-0055269		
Date Assigned:	07/07/2014	Date of Injury:	10/25/1996
Decision Date:	08/29/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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, 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 55-year-old female who reported an injury on 10/25/1996 due to an unknown mechanism. Diagnoses were radiculopathy of the lumbar spine, fibromyalgia/myositis; pain, thoracic spine. Past treatments have been physical therapy, medications, and TENS unit. Diagnostic studies were MRI on 04/2012. Surgical history was not reported. Physical examination on 04/01/2014 revealed complaints of pain as aching and throbbing. Pain was rated a 7/10. Examination of the thoracic spine revealed no evidence of atrophy. There was tenderness over the thoracic paraspinal muscles noted. Range of motion for the thoracic spine was noted to be normal in both flexion and extension without pain. There was no evidence of crepitation, laxity, or instability. Hyperextension of the thoracic spine did not cause increased pain. Medications were MS Contin 30 mg, 1 tablet twice a day as needed; Celebrex 200 mg, 1 daily; gabapentin 600 mg, 1 tablet 3 times a day; Kadian 10 mg, 1 every 12 hours as needed; mirtazapine 15 mg, 1 at night as needed; and Percocet 10/325, 1 tablet 6 times a day as needed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Percocet 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Outcomes Measures, Tolerance and Addiction Page(s): 78, 81, 82.

Decision rationale: The request for prospective request for 1 prescription of Percocet 10/325 mg, quantity 180, is not medically necessary. The California Medical Treatment Utilization Schedule states for the ongoing management of opioids, documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. 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. The guidelines have also set forth 4 domains which have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. They are: 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 effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Continuing review of overall situation with regard to non-opioid means of pain control should be considered it is now suggested that rather than simply focusing on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Opioid tolerance develops with the repeat use of opioids, and brings about the need to increase the dose, and may lead to sensitization. It has also become apparent the analgesia is not always sustained over time, and that pain may be improved by weaning of opioids. The medical guidelines also state when to continue opioids is when a patient has returned to work, and that the patient has improved functioning and reduced pain. Conservative care was not optimized due to complaints that physical therapy made the pain worse, and she was nervous about epidural steroid injections. The request submitted did not indicate a frequency for the medication. Therefore, the request is not medically necessary.