

Case Number:	CM14-0077658		
Date Assigned:	07/18/2014	Date of Injury:	06/25/1998
Decision Date:	08/25/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/28/2014

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 Occupational 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:

The claimant was injured on 06/25/98. Percocet is under review. She is status post back surgery. She has been on the same medications for a year with pain scores at 6/10 and no drug screens. Her opioids and benzodiazepine have not have not been approved. On 05/28/14, she saw [REDACTED] and is status post L4-5 and L5-S1 fusion with lumbar laminectomy, spinal stenosis, and segmental instability. Her chronic medications have been denied. Neurosurgeon, [REDACTED] has stated that that the employee would need more fusion at other levels if her pain is not well controlled. Current medications included Percocet, Dilaudid, Demerol, Effexor, Ativan, and Celebrex. She had been on chronic opiates for several years and was stable. She does not overuse her medications. The employee has occasionally had transforaminal ESI's above the level of her fusion. A note dated 05/15/14 indicates that she signed a narcotic contract. She saw a pain psychologist. A drug screen has not been been performed in a couple of years. She has no behaviors that were suspicious. She does not appear to be overmedicated. She was taking Ativan up to 4 times a day but usually twice a day. A CURES report had been done within the last approximately 9 months and was reported to be negative. The employee underwent epidurals on 11/13/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg 100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Medications for Chronic Pain Page(s): 110 page 94.

Decision rationale: The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, 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. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. The claimant's pattern of use of Percocet is unclear. There is no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the request for Percocet 10/325 mg, quantity 100 is not medically necessary and appropriate.