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| Case Number: | CM13-0011599 | | |
| Date Assigned: | 03/12/2014 | Date of Injury: | 06/30/1995 |
| Decision Date: | 03/09/2015 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 08/15/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 6/30/1995. There was no documentation submitted regarding initial injury, initial complaints, initial treatments or further intervention provided. Currently in February 2014, the IW complains of severe stabbing back pain radiating down right leg. Current diagnoses included chronic low back pain, lumbar sprain/strain with degenerative disc disease including three lower disc considered inoperable, chronic back spasms, neuropathic back pain and back spasms. Medication regime including MS Contin 60 mg three time daily, Percocet 10/325 mg four times daily as needed, lidoderm patch, zanaflex and valium. Medication were documented to be 50% effective. Lower back exam documented limited range, altered sensory loss, independent ambulation with a limp noted to the right side. On 7/26/2013 Utilization Review modified certification was approved for colace 250 mg twice a day #60, Senokot two tablets twice daily #120, Percocet 10/325 mg one tab four time daily #60, and Percocet 10/325mg one tab four time daily as needed #120, noting the lack of supporting documentation submitted for review, including initial injury documentation and diagnostic studies. The MTUS Guidelines were cited. On 8/15/2013, the injured worker submitted an application for IMR for review of colace 250 mg twice a day #60, Senokot two tablets twice daily #120, Percocet 10/325 mg one tab four time daily #60, and Percocet 10/325mg one tab four time daily as needed #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG, ONE TAB 4 TIMES DAILY PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 75, 77, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, there was reported improvements in function with the use of medications (including Percocet), however, there was no differentiation between medications and their independent effects on pain and function. Also, the overall dosing of the opioids together add up to about 240 mg oral morphine equivalents per day, which is not recommended unless unusual circumstances permit and only by way of a pain specialist directing and supervising the medication administration, for which there was insufficient evidence to suggest took place. Therefore, the Percocet will be considered medically unnecessary based on the above factors.