

Case Number:	CM14-0122966		
Date Assigned:	08/08/2014	Date of Injury:	10/26/2011
Decision Date:	03/04/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, with a reported date of injury of 10/26/2011. The results of the injury were neck pain and low back pain. The current diagnoses include lumbar radiculitis, status post L4-S1 fusion, and narcotic dependency. The past diagnoses include lumbar radiculitis, status post L4-S1 fusion, and narcotic dependency. Treatments have included Opana, OxyContin, Neurontin, Zanaflex, Duragesic, Methadone, Percocet, x-ray of the lumbar spine, which showed questionable lumbar fusion, and a computerized tomography (CT) scan of the lumbar spine that showed naked facet sign (NFS) at L3-4, L4-5, and L5-S1. The progress report (PR-2) dated 06/25/2014 indicates that the injured worker rated his pain 5-7 out of 10. It was noted that the medication was becoming less effective. The injured worker had difficulty with sleep, and was unable to stay asleep. He complained of right lateral thigh pain. It was noted that the injured worker felt slightly better with Zanaflex, the Duragesic was less effective, and the Methadone provided moderate relief. The treating physician discussed weaning medication with the injured worker. The objective findings include decreased sensation in the right lateral thigh and L4 and S1; spasms; inability to heel toe walk; flexion, extension, right lateral, and left lateral range of motion at 0 degrees. The reason for the request for Percocet was not indicated by the requesting physician. Four (4) laboratory reports were included in the medical records provided for review. The diagnostic studies of the lumbar spine and cervical spine were not included in the medical records. On 07/09/2014, Utilization Review (UR) denied the request for Percocet 10/325mg #90, one (1) tablet every six (6) hours. The UR physician noted that there was no

evidence of improved function, while on the medication. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; Weaning of Medications Page(s): 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with chronic low back and right lateral thigh pain. The current request is for modified Percocet 10/325 mg 1 tablet every 6 hours #90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been utilizing Percocet as early as 01/08/2014. In this case, recommendation for further use cannot be supported, as the treating physician has not provided any documentation of specific functional improvement, changes in ADL's, or return to work status to show significant functional improvement. A current pain level is provided, but there are no outcome measures to denote a decrease in pain with utilizing long-term opioids. In fact, progress report dated 06/25/2014 notes that, "The medication is becoming less effective." The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Percocet IS NOT medically necessary.