MAXIMUS Federal Services

Case Number:	CM14-0190720		
Date Assigned:	11/24/2014	Date of Injury:	10/05/2000
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/14/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 57 year old female with an injury date of 10/05/00.As per progress report dated 10/09/14, the patient complains of constant, sharp, aching, cramping and throbbing pain in the head, neck, left shoulder, left elbow, bilateral hands, thoracic spine, bilateral low back, bilateral buttocks, right hip, bilateral knees, bilateral legs, bilateral ankles/feet, and groin. The pain is rated at 9/10 with medications. Physical activity worsens the pain while rest, sleep, medications, ice and changing positions lessen it. Physical examination reveals taunt bands and pain on palpation at maximal point of tenderness with twitch response at right gluteus maximus. Examination of the extremities shows laxity in right patella along with tenderness to palpation, clicking/crepitus sound when flexing and extending right knee, increased pain on passive range of motion with right knee, and 3+edema in bilateral legs. Bilateral legs are tender to palpation and soft. Current medications, as per progress report dated 10/09/14, include Zomig, Percocet, Oxycontin, Valium, Topamax, Effexor, Flector patches, Trazodone HCL, Meloxicam, Cozaar, and Morphine. The patient is also receiving Morphine through the intrathecal pump. She also received Greater Trochanter Block injection and trigger point injection on 10/09/14. The patient underwent knee surgery in 2004, right knee arthroscopy on 05/03/13, and A/P fusion of L5-S1 in 2005, as per progress report dated 10/07/14. She is also using a cervical collar for comfort, as per the same progress report. The patient also underwent left knee ortho on 06/10/04, right knee replacement on 04/19/07, right knee revision of total femoral component in 05/12, and intrathecal pump implantation in 07/09, as per progress report dated 09/18/14.Diagnoses, 10/09/14:- Chronic pain syndrome- Hip pain, Bilateral- Knee pain, Bilateral- Syndrome, post laminectomy, lumbar- Lumbar radiculopathy- Back pain, lumbar- Trochanteric bursitis, right- Paresthesia/numbness- Osteoarthritis, knee, bilateral- Insomnia, chronic- Depression-

ObesityThe treater is requesting (a) PERCOCET 10/325 mg # 90 (b) DILAUDID 4mg # 60. The utilization review determination being challenged is dated 10/27/14. The rationale follows: Percocet 10/325 mg # 90 - "Usage of multiple short-acting opioid oral preparations simultaneously may also increase the potential for drug-diversion and illicit drug use or aberrant drug-taking behaviors."(b) DILAUDID 4mg # 60 - Dilaudid is certified.Treatment reports were provided from 02/27/14 - 11/13/14.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89, 78.

Decision rationale: The patient presents with pain in the head, neck, left shoulder, left elbow, bilateral hands, thoracic spine, bilateral low back, bilateral buttocks, right hip, bilateral knees, bilateral legs, bilateral ankles/feet, and groin, rated at 9/10 with medications, as per progress report dated 10/09/14. The patient is also status post knee surgery in 2004, right knee arthroscopy on 05/03/13, and A/P fusion of L5-S1 in 2005, left knee ortho on 06/10/04, right knee replacement on 04/19/07, right knee revision of total femoral component in 05/12, and intrathecal pump implantation in 07/09. The request is for Percocet 10/325 mg # 90.For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "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. For acetaminophen, MTUS guidelines on pages 11 and 12 state that "Both acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain. There is insufficient evidence to recommend one medication over the other." The guidelines also point out that "Further research on this topic has been suggested. It appears that part of the reason that acetaminophen was recommended as a first-line treatment over NSAIDs in most guidelines, in part, was that acetaminophen appeared to have less adverse effects. (Roelofs-Cochrane, 2008)."In this case, the first prescription for Percocet was noted in progress report dated 02/27/14. It has been mentioned consistently in all the reports since then except in progress reports dated 09/18/14 and 08/22/14. As per progress report dated 06/04/14, Percocet, which was "IMMINENT AND NECESSARY", was denied. The treater further states that "It is against California 974(AB) for any person or HMO (including Workman's Compensation & Medicare/Medical) to deny or change medications that have been previously approved, treats a medical condition, is effective, and is without adverse side effects." However, a later progress report dated 10/09/14 reveals that the patient has a pain of 9/10 with medication. The report also states that the patient is "resting or reclined 75-100% of the waking day." It does not appear that the medication is helping improve pain or function. Additionally,

there are no urine drug screen reports available. The treater does not discuss adverse reactions and aberrant behavior as well. The reports lack sufficient documentation regarding the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS for all opioid containing medications. The request not medically necessary.

Dilaudid 4mg #60: Upheld

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

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

Decision rationale: The patient presents with pain in the head, neck, left shoulder, left elbow, bilateral hands, thoracic spine, bilateral low back, bilateral buttocks, right hip, bilateral knees, bilateral legs, bilateral ankles/feet, and groin, rated at 9/10 with medications, as per progress report dated 10/09/14. The patient is also status post knee surgery in 2004, right knee arthroscopy on 05/03/13, and A/P fusion of L5-S1 in 2005, left knee ortho on 06/10/04, right knee replacement on 04/19/07, right knee revision of total femoral component in 05/12, and intrathecal pump implantation in 07/09. The request is for Dilaudid 4mg # 60.MTUS Guidelines pages 88 and 89 states, "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. MTUS guidelines on page 83 also state that stronger opioids such as hydromorphone (Dilaudid) are recommended in osteoporosis patients for the treatment of severe pain under exceptional circumstances. The guidelines on page 75 also list Dilaudid as short-term In this case, a prescription for Dilaudid first appears in progress report dated 09/04/14. In progress report dated 09/08/14, the treater states that the patient "reports having intolerable side effects of severe 'dry mouth' with oral Diluadid medication." The prescription was changed back to Percocet. It is not clear why the treater is requesting for Dilaudid again. Additionally, the patient has a pain of 9/10 with Dilaudid use, as per progress report dated 09/08/14. The report also states that the patient is "resting or reclined 75-100% of the waking day." It does not appear that the medication is helping improve pain or function. Additionally, there are no urine drug screen reports available. The treater does not discuss adverse reactions and aberrant behavior as well. The reports lack sufficient documentation regarding the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS for all opioid containing medications. The request is not medically necessary.