

Case Number:	CM14-0192484		
Date Assigned:	11/26/2014	Date of Injury:	11/07/2005
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Pain 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 injured worker is a 61-year-old female, with a reported date of injury of 11/07/2005. The result of injury includes the low back pain, bilateral hip pain, right leg pain, and difficulty sleeping. The current diagnoses include right lumbar facet syndrome; trochanteric bursitis; lumbar degenerative disc disease; and myofascial pain syndrome. The treatments have included radiofrequency neurotomy of the right L3-L5 on 01/23/2013, which provided 60% relief of the right low back and radiating right lower extremity pain; three (3) previous neurotomies, which provided similar relief for up to 7 to 8 months; bilateral greater trochanteric bursa (GTB) injections, which provided relief; Celebrex 200mg; Cymbalta 60mg; Norco 5/325mg; Naproxen, which has been discontinued due to gastritis; and Ibuprofen which has been discontinued due to gastritis. The progress report (PR-2) dated 10/23/2014 indicated that the injured worker presented with low back pain. She complained of more severe pain with prolonged standing for longer than thirty minutes or sitting. The injured worker continued to have bilateral greater trochanter bursitis hip pain. Without Celebrex 200mg, one tablet daily, the injured worker complained of more pain with walking, and indicated that she needed to hold onto objects. She also indicated that without Cymbalta 60mg, one tablet twice a day, she had more trouble with pain and sleep. The injured worker rated her pain a 9 out of 10, and indicated that the pain was aggravated by physical activity and relieved by medication. She said that the pain was persistent and constant. The physical examination revealed tenderness in the bilateral GTB, and right gluteus pain. The medical records do not include a copy of the urine drug screenings. On 10/31/2014, Utilization Review (UR) denied the request for Percocet 5/325mg #30, every night, as needed. The UR physician cited the MTUS Chronic Pain Guidelines and noted that the medical necessity of Percocet has not been fully proven with evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: 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 affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did note pain relief from the regimen of Percocet at night and Norco as needed. The most relevant recent note is from 10/23/2014. The patient was noted to only take the Percocet when the patient she does not have to go anywhere. She therefore uses this medication very sparingly. In terms of function, the patient is noted to walk further with the pain regimen. No adverse effects are noted, and the last urine toxicology screen on 1/22/2014 was as expected. There is an explanation as to why the oxycodone was negative, since the patient takes this infrequently. This request is medically necessary.