MAXIMUS Federal Services

Case Number:	CM14-0192591		
Date Assigned:	11/26/2014	Date of Injury:	03/30/2001
Decision Date:	01/13/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine, and is licensed to practice in New York. 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 52 year old female resident manager of an apartment house and did clerical work at a welding firm. She had a date of injury of 03/30/2001. There was no documentation of any specific injury. Her chiropractor noted that her back symptoms were from her work and she left work on 04/01/2001. She became a substitute teacher and then in 2004 she became a regular teacher full time. In the 1990s she had back pain and foot numbness and had a spinal tap to rule out MS. In 1999 she had numbness of her left leg. She is also on the list for a substitute teacher and last worked as a teacher in 11/2001. On 07/29/1999 a lumbar MRI revealed no central canal stenosis and no foraminal stenosis. On 01/16/2002 she had low back pain radiating to her left buttock and left leg. On 11/23/2010 a lumbar MRI revealed L3- L5 spondylosis and foraminal stenosis. She had an epidural steroid injection on 01/07/2011. On 01/14/2011 straight leg raising was negative. Motor strength was intact. Sensation was decreased along the left lateral foot. She was not a surgical candidate. On 07/25/2012 and on 02/20/2013 her medications included Cymbalta, Percocet, Ibuprofen, Zanaflex, Naproxen, Protonix and Nuvigil. Reflexes were symmetrical. Motor strength was normal. Left lateral foot sensation was decreased. Gait was normal. Lumbar range of motion was decreased. Back pain was 7/10 to 10/10. On 06/12/2013 the evaluation was unchanged with the exception that she was no longer taking Cymbalta. On 09/16/2013 she was able to toe walk and heel walk. She was taking Percocet, Zanaflex and Ibuprofen. Gait was normal. Lumbar range of motion was decreased. On 12/17/2013 she had bilateral lower extremity EMG/NCS that was normal. She did not have lumbar radiculopathy. On 01/31/2014 straight leg raising was negative. Reflexes and motor strength were normal. There was right foot numbness. Lumbar range of motion was decreased. On 02/12/2014 and on 05/06/2014 she continued on Percocet, Norco, Valium, Ibuprofen and Zanaflex. On 07/08/2014 she had a L4-L5 laminectomy, foraminotomy, discectomy and decompression. On 08/13/2014

her back pain had improved. She was taking Percocet, Ibuprofen, Zanaflex, Wellbutrin and Lyrica. Her back pain was 6-10/10. She had post-operative physical therapy. On 10/08/2014 her back pain was 5-10/10. She thought that the quality of her back pain was worse after the surgery. She continued on Percocet, Zanaflex, Naproxen, Voltaren and Lyrica. The back pain was 5-10/10. She had a listed past history of fibromyalgia. Motor strength was 5/5. She had decreased lumbar range of motion. Muscles appeared normal. Reflexes were normal. On 10/13/2014 she had an epidural steroid injection. On 11/05/2014 her back pain was 4-6/10. She continued on Percocet, Zanaflex, Naproxen, Voltaren, Lyrica and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines: 4) On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of

depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. There is insufficient documentation to substantiate that the patient met these criteria for continued opiate treatment. Therefore, the request for Percocet 10/325mg #180 is not medically necessary.