

Case Number:	CM14-0196611		
Date Assigned:	12/04/2014	Date of Injury:	01/17/2011
Decision Date:	05/01/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 57 year old male who sustained an industrial injury on 01/17/2011. Diagnoses include sympathetically maintained pain of right lower extremity with twitching of the anterior quadriceps muscles, which are described as pressure pain, possible lumbar discopathy, and lumbar facet arthropathy. Treatment to date has included surgery, sympathetic blocks, medications, diagnostics, acupuncture and physical therapy. A physician progress note dated 10/07/2014 documents the injured worker has pain rated a 3 out of 10 at its best and at its worse is 8 out of 10. He has decreased sensation to pinprick of dermatomes of L4, L5, and S1 on the right lower extremity and dysesthesia to superficial touch over the right lateral portion of his right leg. Present plan is to request sympathetic blocks for diagnostic purpose along with physical therapy, acupuncture sessions, a Magnetic Resonance Imaging of the lumbar spine and medications. Treatment requested is for Percocet (no amount/dosage/strength specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet (no amount/dosage/strength specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91-94. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60.

Decision rationale: The patient presents with pain in the right lower extremity with twitching of the anterior quadriceps muscle. The request is for PERCOCET (NO AMOUNT/DOSAGE/STRENGTH SPECIFIED). Patient is status post lumbar laminectomy 02/08/11 and hydrocele of left testicle surgery 04/2011. Physical examination to the lumbar spine on 08/21/14 revealed decreased sensation to pinprick of dermatomes of L4, L5 and S1 of the right lower extremity. Patient's treatments have included physical therapy, acupuncture, and lumbar ESIs. Per Request For Authorization Form dated 11/05/14, patient's diagnosis include sympathetic maintained pain Rt lower Ext with spasms, and lumbar discopathy. Patient's medications, per 01/15/14 progress report include Naprelan, Ambien, Xanax, Prozac and Skelaxin. Patient's work status was not provided. 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 pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Treater states in progress report dated 10/07/14, "the patient was denied Naprelan and Skelaxin and has had increasing amounts of pain for which now I am going to write a prescription for Percocet to be taken every 8 hours as needed" In review of the medical records provided, there is no indication that the patient has tried Percocet and the treater is initiating this opioid for chronic pain. However, in 10/07/14 progress report, under Current Medications, it is stated that for pain, the patient is on regimen of Hydrocodone, another opioid. The subsequent reports do not provide any documentation of the four A's showing significant functional benefit as required by MTUS. There is no documentation that the use of opiates are resulting in any meaningful pain reduction with functional improvement demonstrated by specific ADL changes. The request IS NOT medically necessary.