

Case Number:	CM14-0201550		
Date Assigned:	12/11/2014	Date of Injury:	03/02/2011
Decision Date:	02/03/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 62 year old male with an injury date of 03/02/11. Based on the 09/15/14 progress report provided by treating physician, the patient complains of low back and right shoulder pain rated 4-7/10, which is decreased with medications. Patient ambulates with antalgic gait. Physical examination revealed tenderness to palpation to the lumbar paraspinal area and left greater trochanter. Decreased bilateral patellar deep tendon reflexes and weakness to bilateral extensor hallucis longus noted. Patient's medications include Lyrica, Norco, Percocet, Provigil, Ambien, Amrix and Celebrex. Percocet has been prescribed in progress reports dated 03/31/14, 05/20/14 and 09/15/14. Under Plan section of progress report dated 03/31/14 and 05/20/14, treater states "it appears that patient is meeting goals of opiate therapy for non-malignant pain," and Percocet is prescribed "for increased pain episodes." Urine drug screen was retrieved on 03/31/14 as a component of "opiate compliance program. Patient is on permanent partial disability per progress report dated 06/16/14. Diagnosis 03/31/14- pain in joint shoulder-pain in joint PE- spinal stenosis- uns thoracic/lumbar- herniated nucleus- degeneration lumbar/LDiagnosis 05/20/14- pain in joint PE- opioid type dependency- spinal stenosis- uns thoracic/lumbar- uns idiopathic PE- herniated nucleus- pain in joint shoulderThe utilization review determination being challenged is dated 10/28/14. Treatment reports were provided from 03/31/14 - 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg, ten count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with low back and right shoulder pain rated 4-7/10, which is decreased with medications. The request is for Percocet 5/325, ten count. The patient's diagnosis on 03/31/14 included lumbar spine degeneration and herniated nucleus. Diagnosis on 03/31/14 included opioid type dependency. The patient's medications include Lyrica, Norco, Percocet, Provigil, Ambien, Amrix and Celebrex. Percocet has been prescribed in progress reports dated 03/31/14, 05/20/14 and 09/15/14. The patient is on permanent partial disability per progress report dated 06/16/14. 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 4 A's (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. Under the plan section of progress report dated 03/31/14 and 05/20/14, the provider states "it appears that patient is meeting goals of opiate therapy for non-malignant pain," and Percocet is prescribed "for increased pain episodes." In this case, provider has not stated how Percocet reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Urine drug screen was retrieved on 03/31/14 as a component of "opiate compliance program," but results were not discussed; and there are no CURES or opioid pain contracts. No change in work status or return to work discussions. Given the lack of documentation as required by MTUS, the request is not medically necessary.