

Case Number:	CM14-0203630		
Date Assigned:	12/16/2014	Date of Injury:	06/01/2001
Decision Date:	02/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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 65 year old female with an injury date on 06/01/2001. Based on the 10/09/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical Disc Pain. 2. Cervical Myofascial Pain Syndrome.3. Lumbar Discogenic Pain.4. Lumbar Myofascial Pain Syndrome. According to this report, the patient complains of "pain at intensity level 8 in the low back, 6 in the mid back, 8 in the neck, and 6 in the leg." Examination findings show tightness noted at cervical spine. Positive spasm and myofascial restrictions noted at lumbar spine. Straight leg raise is positive at 25 degree bilaterally. The patient's work status is "modified." The 09/09/2014 report indicates "pain at intensity level 8 in the low back, 8 in the mid back, 8 in the neck, and 6 in the leg." The treatment plan is to refill "Ambien, Nexium, Trazadone, and Percocet." The patient's past treatment consists of surgery and medications. There were no other significant findings noted on this report. The utilization review denied the request for Percocet 10/325 mg #56 on 11/25/ 2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/30/2014 to 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain; Criteria for Use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 10/09/2014 report, this patient presents with low back, mid back, neck and leg pain. Per this report, the current request is for Percocet 10/325 mg #56. This medication was first mentioned in the 09/25/2014 report; it is unknown exactly when the patient initially started taking this medication. In reviewing the medical reports provided, the treating physician mentions that the patient "has difficulty getting to sleep and staying asleep because of the pain." Percocet medication "helps control her pain. This improves her ability to walk by 25% in terms of walking tolerance and distance." "Quality of life index is 38 out of 100." UDS was obtained on 07/07/2014. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In this case, the reports show documentation of pain assessment but no before and after analgesia is provided. General ADL's are mentioned. UDS was obtained. However, there is no aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.