

Case Number:	CM14-0203657		
Date Assigned:	12/16/2014	Date of Injury:	03/17/1998
Decision Date:	01/31/2015	UR Denial Date:	11/03/2014
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 Internal 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 (IW) is a 53-year-old woman with a date of injury of March 17, 1998. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are failed back - intractable back pain; and ankle pain. Pursuant to the most recent progress note dated October 22, 2014, the IW reports she is not getting medications with increased pain. She is unable to get out of bed. Objective physical findings revealed straight leg raise test normal. There is significant tenderness in the lumbar region. Current medications include Oxycontin 10mg, and Percocet 5/325mg. The IW has been taking Oxycontin, and Percocet since at least June 9, 2014, according to a progress note with the same date. It is unclear how long the IW has been on the aforementioned medications due to lack of documentation. There were no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Oxycontin and Percocet. The current request is for Oxycontin 10mg QD #30 with 4 refills, and Percocet 5/325mg #60 BID PRN with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #30 QD with 4 refills #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), OxyContin 10 mg #30 QD with four refills #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain and increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the documentation from an October 22, 2014 progress note contains diagnoses of failed back-intractable back pain and ankle pain. The subjective complaints section indicates the injured worker is not getting medications with increased pain. She is unable to get out of bed. The physical examination contains a two-line entry that says straight leg raising normal and significant tenderness lumbar. The documentation indicates OxyContin was first prescribed or refilled as far back as June 9, 2014. The documentation is unclear as to the exact start date for OxyContin. The documentation does not contain evidence of objective functional improvement. There are no detailed pain assessments in the medical record. Additionally, the injured worker is taking Percocet 5/325 twice daily on a regular monthly basis. There is no rationale for the dual use of two narcotics. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement and detailed pain assessments with an attempt to wean for taper the opiate, this request is not medically necessary.

Percocet 5/325 #60 BID PRN with 4 refills #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 5/325 mg #60 b.i.d. PRN with four refills #300 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the documentation from an October 22, 2014 progress note contains diagnoses of failed back-intractable back pain and ankle pain. The subjective complaints indicate the injured worker is not getting medications with increased pain. She is unable to get out of bed. The physical examination contains a two-line entry that says straight leg raising normal and significant tenderness lumbar. The documentation indicates Percocet was first prescribed or refilled as far back as June 9, 2014. The documentation is unclear as to the exact start date for Percocet. The documentation does not

contain evidence of objective functional improvement. There are no detailed pain assessments in the medical record. Additionally, the injured worker is taking Percocet daily with monthly refills on a regular basis. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement and detailed pain assessments with an attempt to wean for taper the opiate, this request is not medically necessary.