MAXIMUS Federal Services

Case Number:	CM14-0207344		
Date Assigned:	12/19/2014	Date of Injury:	03/09/2009
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehabilitation, 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 39 year old male with an injury date on 3/9/09. The patient complains of pain in his mid/low/lower left lumbar spine, radiating to the right anterior thigh and right calf per 11/7/14 report. The patient describes the pain as constant, severe, burning, tingling, and the patient does not recall any precipitating event/injury per 11/7/14 report. Associated symptoms include persistent stiffness, radicular thigh pain, numbness in the right thigh, and weakness of the right upper leg and lower leg per 11/7/14 report. Based on the 11/7/14 progress report provided by the treating physician, the diagnoses are:1. low back pain 2. postlaminectomy syndrome, lumbar region 3. displacement of lumbar intervertebral disc. A physical exam on 11/7/14 showed "decreased range of motion of the L-spine."The patient's treatment history includes medications, physical therapy, prior back surgery (unspecified), cryotherapy. The treating physician is requesting Percocet 10/325mg #100. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided a single treatment report from 11/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #100: Upheld

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

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

Decision rationale: This patient presents with lower back pain, right thigh/leg pain. The provider has asked for Percocet 10/325mg #100 on 11/7/14. It is not known how long patient has been taking Percocet, but patient is currently taking Percocet as of 11/7/14 report. The patient is also using Butrans patches and taking Norco per 11/7/14 report. For chronic opioids use, MTUS Guidelines pages 88-89 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, activities of daily living (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. In this case, the provider indicates a decrease in pain with current medications which include Percocet, stating "he notes some pain relief with rest, ice, heat, and opiates" per 11/7/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology is not mentioned in provided documentation, and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.