

Case Number:	CM14-0208079		
Date Assigned:	12/22/2014	Date of Injury:	04/23/2004
Decision Date:	02/18/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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 & Rehabn

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 46-year-old male with a date of injury of 04/23/2004. The most recent progress report provided for review is dated 07/18/2013. According to this report, the patient complains of spontaneous onset of left hip/thigh pain and is inquiring about a lumbar epidural steroid injection. The patient continues to work 4 days per week, 10-hour shifts, without any work restrictions in a heavy manual labor construction. The patient reports current pain level as 7/10 for his chief complaint, which is low back pain radiating towards the left hip/thigh. The patient's current medications include MS Contin 30 mg, Percocet 10/325 mg, Relafen 500 mg, and Soma 350 mg. Physical examination revealed diffuse lumbar region pain. On palpation of his lumbar spine, there was maximum tenderness along the bilateral lumbar paraspinal musculature. Trunk flexion and extension aggravate his low back pain. Left supine straight leg raise test is positive at 35 degrees with complaints of left low back pain that radiates down the left lower extremity. Right supine straight leg raise test is negative. Manual muscle testing demonstrates symmetrical 5/5 strength in the lower extremities and sensation to light touch is intact in the lower extremities. The listed diagnoses are: 1. Chronic low back pain. 2. Lumbar facet joint arthropathy. 3. Chronic thoracic back pain. 4. Thoracic facet joint arthropathy. 5. Thoracic disk protrusion. Treatment plan is for a lumbar epidural injection, therapy for chronic opioid management including Percocet and MS Contin, and followup in one month for medication renewal. The utilization review denied the request on 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #180: Overturned

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

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

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for Percocet 10/325 mg #180. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been utilizing this medication since at least 04/16/2013. According to progress report dated 04/16/2013, the patient states that medications provide symptomatic reduction and reports his current pain level as 7-8/10. On 05/21/2013, the patient reported feeling "pretty good today," and noted current pain level as 3/10. It was noted the patient continues to utilize his medications without any adverse side effects. Progress report dated 07/18/2013 documents that the patient continues with MS Contin and Percocet for breakthrough pain with no adverse side effects and is able to continue working. The urine drug screen collected on 04/16/2013, which documents positive opioids, which is consistent with his medication regimen. In this case, the treating physician has provided discussion addressing the 4As as required by MTUS for opiate management. The patient is working 4 hours a day at 10-hour shifts with no modification, with noted decrease in pain with current medications. The patient has no adverse side effects to medications and urine drug screens have been administered to monitor for compliance, which have been consistent with the medications prescribed. It appears the patient is able to function and work with current medication regimen with no noted side effects or aberrant behaviors. The requested Percocet IS medically necessary.