

Case Number:	CM14-0046124		
Date Assigned:	06/27/2014	Date of Injury:	07/22/1998
Decision Date:	04/07/2015	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/01/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 is a 70-year-old female, with a reported date of injury of 07/22/1998. The diagnoses include chronic low back pain, left sciatica consistent with left L5-S1 motor radiculopathy, presumed lumbar degenerative disc disease. Treatments have included Norco, Lyrica, and Percocet. The progress report dated 03/14/2014 indicates that the injured worker continued to report chronic low back pain with radicular symptoms to her left lower extremity. She rated her pain 7 out of 10 without medication, and 4 out of 10 with medications. The injured worker reported approximately 40% reduction in her pain with her medications. It was noted that the injured worker's urine studies dated 01/14/2014 were consistent with her medical regimen. It was also noted that the treating physician prescribed Percocet 10/325 #60, which she took for about five days after the surgery, but then she resumed her Norco. The objective findings included tenderness to palpation throughout the lumbar spine and bilateral lumbar paraspinal regions, and negative bilateral seated straight leg raise test. The treating physician requested Percocet 10/325mg #60 and Tylenol #150 3900 maximum. The rationale for the request was not indicated. On 03/31/2014, Utilization Review (UR) denied the request for Percocet 10/325mg #60 one every four hours as needed, ten-day supply filled on 03/06/2014 and Tylenol #150 3900 maximum potential. The UR physician noted that there was no description of pain relief provided, no indication of significant functional benefit or return to work, the urine drug screen date and results were not reported, and the FDA recommends a maximum acetaminophen daily dose of 3250mg. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 q 4 hr prn #60, 10 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. The patient has been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics. Therefore the prescription of Percocet 10/325mg #60 is not medically necessary.

Tylenol #150 3900mg Max Potential: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after

taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. The patient has been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics. Therefore the prescription of Tylenol #150 3099 max is not medically necessary.

