

Case Number:	CM15-0000885		
Date Assigned:	01/12/2015	Date of Injury:	12/28/2005
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female was injured 12/28/05. Current complaints include neck, low back pain with spasms and twitching in the upper extremities and low back and headache. Medications include Imitrex, Percocet and baclofen. Her pain intensity with medications is 2/10 and without is 6/10. Diagnoses include L4-S1 fusion (5/7/09); L1-4 anterior fusion (11/1/11); anterior cervical discectomy and fusion C4-5, C5-6 and C6-7 and posterior fusion C4-C7 (11/1/12); total right hip arthroplasty (10/20/10); total left hip arthroplasty (3/24/14). Treatments and surgeries included L4-S1 fusion (5/7/09); L1-4 anterior fusion (11/1/11); anterior cervical discectomy and fusion C4-5,C5-6 and C6-7 and posterior fusion C4-C7 (11/1/12); total right hip arthroplasty (10/20/10); total left hip arthroplasty (3/24/14); physical therapy and acupuncture. The treating provider has requested Percocet 10/325 mg #120, no refills to use for moderate to severe pain, noting improvement in function with use of medications. On 12/8/14 Utilization Review non-certified the request for Percocet 10/325 mg # 120, no refills based on the injury occurring 9 years ago and left total hip replacement 9 months ago and guidelines recommend their use in the short-term. The request has been modified for weaning purposes. MTUS Chronic Pain Medical Treatment Guidelines "Opioids, criteria for use" was referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #120 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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 neck pain, lower back pain, pain in the upper extremities, and headache. The treater has asked for PERCOCET 10/325MG #120 NO REFILLS on 11/20/14 . Patient has been taking Percocet since 6/17/14. For chronic opioids use, MTUS Guidelines pages 88 and 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 4A's (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. In this case, the treater indicates a decrease in pain with current medications which include Percocet, stating the patient continues to note improvement in her pain levels and function due to the medication per 11/20/14 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 has been asked for but 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.