

Case Number:	CM15-0001174		
Date Assigned:	01/12/2015	Date of Injury:	11/12/1992
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 62 year old female, who sustained an industrial injury on 11/12/1992. She has reported lower thoracic pain radiating to the left and stopping at the anterior axillary line. The diagnoses have included chronic thoracic and lumbar pain, spasm, radiofrequency neurotomy left T12-L1 medial branches and anterior discectomy and fusion at T11-T12. Treatment to date has included x-rays of the thoracic and lumbar spine (09/09/2012), medications, a thoracic fusion surgery. Currently, the IW complains of lower thoracic pain that radiates to the left stopping around the anterior axillary line with an average pain level of 7/10, and sleep disturbances. The IW reported that the pain medications provide 80% relief from her pain with the current medication regimen and noted improvement in ability to perform activities of daily living and ability to engage in a daily exercise program. Diagnostic testing (x-rays dated 09/09/2012) noted in the clinical notes described a lateral fusion at the T11-T12 with compression plate along the left margin of the spine with anatomic alignment and no evidence for compression fracture, and mild dextroscoliosis and mild spondylosis with lateral bending of the lumbar spine, and disc space narrowing and degenerative marginal osteophytes at all levels of the lumbar spine. On 12/22/2014, Utilization Review modified a prescription for Percocet 10/325 mg #120 with one refill to approval of Percocet 10/325 mg #90 without refill, noting the lack of objective findings to suggest that long term use of opioid medications have been effective in reducing pain or improving quality of life. The MTUS was cited. On 01/05/2015, the injured

worker submitted an application for IMR for review of a prescription for Percocet 10/325 mg #120 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

percocet 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances". The treating physician does document some pain level improvement, however, does not document overall improvement in function, which is required for continued use of this medication. The previous utilization reviewer recommended weaning. As such, the request for percocet 10/325mg #120 with 1 refill is not medically necessary.