

Case Number:	CM15-0002858		
Date Assigned:	02/17/2015	Date of Injury:	05/05/2012
Decision Date:	04/01/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/06/2015

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: 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 59-year-old female with an industrial injury dated 05/05/2012. Her diagnoses include degenerative disc disease at L5-S1, foraminal stenosis, left leg radiculopathy, and history of cervical fusion. Diagnostic testing has included x-rays of the lumbar spine (12/11/2014) showing severe collapse with bone-on-bone at the L5-S1 level, and a MRI (no date) showing foraminal stenosis at the L5-S1 due to severe disc space collapse. Previous treatments have included conservative care, medications, epidural steroid injection, and physical therapy. In a progress note dated 12/11/2014, the treating physician reports progressive back and left pain despite treatment. The objective examination revealed weakness in the extensor hallucis longus and the anterior tibia on the left side, and pain with lumbar extension. The treating physician is requesting Ativan and Percocet, which were modified by the utilization review. On 12/01/2014, Utilization Review modified a prescription for Ativan 0.5mg tablet to the approval of a one-month supply for weaning purposes, noting the recommended time of use is limited to 4 weeks and long term use is not recommended. The MTUS ACOEM ODG Guidelines were cited. On 12/01/2014, Utilization Review modified a prescription for Percocet 10/325mg to the approval of a one-month supply for weaning purposes, noting the lack of documented improvement in the injured worker's pain scores or improvement in function, and no documented evidence of urine drug screenings for compliance, and no opiate contract. The MTUS ACOEM ODG Guidelines were cited. On 01/06/2015, the injured worker submitted an application for IMR for review of Ativan 0.5mg tablet and Percocet 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg tablet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no documentation of rational and efficacy of previous use of Ativan. Therefore, the use of Ativan 0.5mg tablet is not medically necessary.

Percocet 10/325mg 10/325mg tablets: Upheld

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

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 have 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. Therefore, the prescription of Percocet 10/325mg 10/325mg tablets is not medically necessary.

