

Case Number:	CM15-0100553		
Date Assigned:	06/03/2015	Date of Injury:	08/17/2000
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on 08/17/00. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, H-wave, spinal cord stimulator, and a TENS trial. Diagnostic studies are not addressed. Current complaints include flare of low back pain. Current diagnoses include post laminectomy syndrome, lumbago, and sciatica. In a progress note dated 05/04/15, the treating provider reports the plan of care as continued medications including Percocet and Soma. The requested treatments include Percocet. He is noted to receive 30-40% reduction on his pain with the Percocet. The injured worker has been on Percocet since at least 07/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg/325mg #100: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg # 100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; post laminectomy syndrome; and sciatica. The earliest progress note in the medical record is dated July 2014. Percocet was refilled every three months from July 2014 through December 2014. From December 2014 through March 12, 2015, Percocet was refilled monthly. There is no documentation of objective functional improvement in the medical record with ongoing Percocet. Moreover, the documentation from July 2014 through the request for authorization date May 5, 2015 states 30 to 40% relief with Percocet. Pain scores range from 5/10, 3/10, to 4/10 in May 2015. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record with ongoing Percocet use. There has been no attempt at weaning Percocet in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Percocet, similar language in each progress note from July 2014 through the present indicating 30 - 40% relief with Percocet, risk assessments for detailed pain assessments or attempted weaning, Percocet 10/325mg #100 is not medically necessary.