MAXIMUS Federal Services

Case Number:	CM15-0108747		
Date Assigned:	06/15/2015	Date of Injury:	12/31/2009
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: Family Practice

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 34-year-old male who sustained an industrial injury on 12/31/2009. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, and broad based intervertebral disc protrusion. The injured worker is status post L5-S1 discectomy and disc replacement in 2011. Treatment to date has included diagnostic testing, surgery, physical therapy, lumbar epidural steroid injections, activity restrictions and medications. According to the primary treating physician's progress report on May 20, 2015, the injured worker presents for a routine follow-up and medications refills. The injured worker reports his pain level has decreased to 3-4/10 with medications and 8-10/10 without medications and the pain is manageable. The injured worker still experiences low back pain radiating into his left groin and down his left leg. Examination of the lumbar spine demonstrated pain along the lumbosacral region with positive left straight leg raise. Flexion and lateral bending was 50% restricted and unable to extend. Dysesthesia of the left groin was present along with dysesthesia and hypoesthesia on the left posterior leg. Current medications are listed as Percocet, Ibuprofen, Robaxin, Gabapentin, and Trazadone. Treatment plan consists of continuing with conservative measures of ice/heat, stretching and exercise as tolerated, lumbar magnetic resonance imaging (MRI) and the current request for Percocet 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, Two TID QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Percocet. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Percocet is not considered as medically necessary. In the Utilization Review process, the request for 180 tablets of Percocet was modified to allow for weaning from this medication. This action is consistent with the above-cited MTUS recommendations.