

Case Number:	CM15-0109213		
Date Assigned:	06/15/2015	Date of Injury:	09/14/2000
Decision Date:	07/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/08/2015

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:

The injured worker is a 63 year old male, who sustained an industrial injury on 9/14/2000. He reported low back pain. The injured worker was diagnosed as having lumbar fusion, status post lumbar laminectomy syndrome, neuropathic pain, lumbar disc protrusion, and chronic low back pain. Treatment to date has included medications, lumbar surgery. The request is for Percocet, and Senokot-S. On 12/16/2014, he complained of low back pain with radiation into the left thigh. He rated his pain 5/10, and indicated it is exacerbated by prolonged activity. Physical examination revealed restricted range of motion of the lumbar. The treatment plan included: Percocet, and follow up. On 3/17/2015, he complained of low back pain. He had tenderness in the lumbar area. On 5/12/2015, he was seen for re-evaluation of low back pain with radiation into the left thigh. The treatment plan included: continuation of Percocet, and Senokot-S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #67: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 09/14/00 and presents with low back pain which radiates to the left lateral thigh. The request is for PERCOCET 10/325 #67. The RFA is dated 05/19/15 and the patient is on permanent disability. The patient has been taking this medication as early as 12/16/14. There are three treatment reports provided from 12/16/14, 03/17/15, and 05/12/15. 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 4As (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." The 12/16/14, 03/17/15, and 05/12/15 reports state that "he is on an up-to-date contract and his previous UDS were consistent with no aberrant behaviors. Before the medication, the patient rates pain at 7-8/10 on visual analog scale, and after the medication, the patient rates pain at 4-5/10." Although the treater discusses side effects/aberrant behavior and provides before-and-after medication pain scales, not all of the 4 A's are addressed as required by MTUS guidelines. There are no examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. The patient is consistent with his urine drug screen and has a contract on file. However, without the ADL's, the treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Percocet IS NOT medically necessary.

Senekot-S #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scalon C. Management of constipation, Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids Page(s): 77.

Decision rationale: The patient was injured on 09/14/00 and presents with low back pain which radiates to the left lateral thigh. The request is for SENEKOT-S #90 WITH 2 REFILLS for constipation. The RFA is dated 05/19/15 and the patient is on permanent disability. The patient has been taking this medication as early as 12/16/14. There are three treatment reports provided from 12/16/14, 03/17/15, and 05/12/15. MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." The patient is diagnosed with lumbar fusion, status post lumbar laminectomy syndrome, neuropathic pain, lumbar disc protrusion, and chronic low back pain. The patient began taking Senekot on 05/12/15 and is currently taking Percocet and Colace. Constipation prophylaxis is generally considered an appropriate measure in patients taking opioid medications. However, the associated Percocet is not indicated owing to a lack of 4A's documentation, and this patient is not currently taking any other narcotic medications. Therefore, the request IS NOT medically necessary.

