

Case Number:	CM15-0010638		
Date Assigned:	03/09/2015	Date of Injury:	04/22/1994
Decision Date:	04/22/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/20/2015

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 75-year-old male patient, who sustained an industrial accident on 04/22/1994. A primary treating office visit dated 10/22/2014, reported the patient's interim status as permanent and stationary. Her problem is listed as severe lumbar spinal stenosis at L4-5 and L5-S1. The patient reports having had undergone cardiac clearance for upcoming surgery with cardiology recommending a stress test prior. In addition, the patient is having a tooth extracted tomorrow. The patient is still taking Oxycontin 40mg twice daily and Percocet 10mg 68 daily and Soma. She did try Lyrica but it caused ankle edema and it was discontinued. She is diagnosed with severe back pain and bilateral leg pain secondary to severe spinal stenosis/spondylolisthesis at L4-5 and moderate to severe spinal stenosis at L5- S1. Narcotic medication dependence secondary to above complaints. Prescriptions noted filled this visit. Recommendation for undergoing decompression and fusion at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG #120: Upheld

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

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 10/325 mg #120 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 of the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are severe back and bilateral leg pain secondary to severe spinal stenosis/spondylolisthesis at L4-L5 and moderate to severe spinal stenosis at L5-S1; and narcotic medication dependence. November 21, 2012 progress note shows the injured worker is taking Percocet 10/325 mg q.i.d., Tramadol every 6 to 8 hours and Soma. The injured worker is 75 years old. The injured worker was slurring her words during that encounter with the treating physician. A follow-up progress note on May 29, 2013 shows the injured worker is taking OxyContin 40 mg, 3 to 4 tablets per day, Percocet 10/325mg 8 to 10 tablets a day, and Soma 5 to 6 tablets per day. The most recent progress note in the medical record is dated October 22, 2014. The documentation indicates the injured worker was taking OxyContin 40 mg b.i.d., Percocet 10/325mg 6 to 8 tablets per day, and Soma 3 to 4 tablets per day (concurrently). OxyContin, Percocet and Soma should not be taken in a 75-year-old woman based on their inherent risk profile and potential side effects when taken concurrently at the current doses. The injured worker had slurred speech in the November 21, 2012 progress note. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation of objective functional improvement in the medical record. There are no VAS pain scales in the subject of section of the progress notes. Consequently, absent clinical documentation with objective functional improvement, the potential side effects associated with all three medications taken concurrently in a 75-year-old woman, Percocet 10/325 mg #120 is not medically necessary.

OxyContin 40 MG #90: Upheld

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

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, OxyContin 40 mg # 90 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 of the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are severe back and bilateral leg pain secondary to severe spinal stenosis/spondylolisthesis at L4-L5 and moderate to severe spinal stenosis at L5-S1; and narcotic medication dependence. November 21, 2012 progress note shows the injured worker is taking Percocet 10/325 mg q.i.d., Tramadol every 6 to 8 hours and Soma. The injured worker is 75 years old. The injured worker was slurring her words during that encounter with the treating physician. A follow-up progress note on May 29, 2013 shows the injured worker is taking OxyContin 40 mg 3 to 4 tablets per day, Percocet 10/325mg 8 to 10 tablets a day, and Soma 5 to 6 tablets per day. The most recent progress note in the medical record is dated October 22, 2014. The documentation indicates the injured worker was taking OxyContin 40 mg b.i.d., Percocet 10/325mg 6 to 8 tablets per day, and Soma 3 to 4 tablets per day (concurrently). OxyContin, Percocet and Soma should not be taken in a 75-year-old woman based on their inherent risk profile and potential side effects when taken concurrently at the current doses. The injured worker had slurred speech in the November 21, 2012 progress note. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation of objective functional improvement in the medical record. There are no VAS pain scales in the subject of section of the progress notes. Consequently, absent clinical documentation with objective functional improvement, the potential side effects associated with all three medications taken concurrently in a 75-year-old woman, OxyContin 40 mg #90 is not medically necessary.