

Case Number:	CM15-0130138		
Date Assigned:	07/16/2015	Date of Injury:	05/03/2005
Decision Date:	08/20/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old female, who sustained an industrial injury on 5/3/05. She reported pain in her lower back. The injured worker was diagnosed as having failed lumbar back surgery syndrome, left L4 and L5 radiculopathy and status post anterior fusion L4-L5 and L5-S1. Treatment to date has included psychiatric treatments and therapeutic injections of Toradol. Current medications include Gabapentin, Tizanidine, Ibuprofen and Percocet since at least 11/6/14. On 2/5/15, the injured worker rated her pain a 9/10 without medications and a 5/10 with medications. Subsequent progress notes do not show any change in pain levels. As of the PR2 dated 4/30/15, the injured worker reports 5/10 pain in her lower back. She rates her pain a 9/10 without medications and a 5/10 with medications. She recently went to the emergency department for back pain flare-ups. Objective findings include decreased lumbar range of motion, tenderness to palpation across the lower back and a slightly left antalgic gait. The treating physician requested to continue Percocet 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg tablet Qty 120, 1 tablet 4 times daily for 30 days, (retrospective DOS 4/30/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Review of the available medical records reveals insufficient documentation to support the medical necessity of Percocet or sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 12/11/14 was consistent with oxycodone use; however, it also was positive for amphetamine and alcohol. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for #115 for the purpose of weaning. Therefore the request is not medically necessary.