

Case Number:	CM15-0134703		
Date Assigned:	07/23/2015	Date of Injury:	07/20/2001
Decision Date:	09/29/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/13/2015

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 56 year old male, who sustained an industrial injury on July 20, 2001. The mechanism of injury was not found in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included lumbar spinal stenosis, failed back surgery syndrome, lumbar facet arthropathy, thoracic degenerative disc disease and depressive disorder. Treatment and evaluation to date has included medications, radiological studies, psychiatric assessments, moist heat, stretching, a home exercise program and lumbar spine surgery. Work status was noted to be permanent and stationary. Current documentation dated June 11, 2015 notes that the injured worker reported constant low back pain. The pain was rated a four out of ten on the visual analogue scale on a good day and nine out of ten on a bad day. The injured worker also noted depression. Examination of the lumbar spine revealed diffuse tenderness, bilateral spasm, normal range of motion and a positive straight leg raise bilaterally. Strength was diminished in the bilateral lower extremities. Sensory examination was normal. The treating physician's plan of care included a request for Percocet 7.5 mg-325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids, On-Going Management of Opioid 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 no documentation to support the medical necessity of Percocet nor any 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 pain relief, functional status improvement, appropriate medication use, 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. Per the medical records, it was noted that unannounced urine drug screens are performed routinely, pain management agreement is on file, and CURES database is reviewed routinely. However, no UDS reports were submitted for review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.