MAXIMUS Federal Services

Case Number:	CM15-0148147		
Date Assigned:	08/11/2015	Date of Injury:	10/15/2003
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 62-year-old male, who sustained an industrial injury on 10-15-2003. The injured worker is currently permanent and stationary. Current diagnoses include lumbosacral strain, lumbar facet arthropathy, and chronic pelvic pain. Treatment and diagnostics to date has included him and medications. In a progress note dated 07-10-2015, the injured worker reported lower back pain that radiates into the pelvis and groin. Previous pain level on a good day was 3 out of 10 and on a bad day was 7 out of 10 using the pain scale. Objective findings included lumbosacral tenderness and spasms. The treating physician reported requesting authorization for Percocet and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, the treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, or how long pain relief lasts. There is no discussion regarding how the medication has helped the injured worker's level of activity, increased level of function, ability to return to work, or significant improvement in their ability to perform activities of daily living. These are necessary to meet the MTUS guidelines. Therefore, based on the guidelines and the submitted records, the request for Percocet is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, or how long pain relief lasts. There is no discussion regarding how the medication has helped the injured worker's level of activity, increased level of function, ability to return to work, or significant improvement in their ability to perform activities of daily living. These are necessary to meet the MTUS guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.