MAXIMUS Federal Services

Case Number:	CM15-0162084		
Date Assigned:	08/28/2015	Date of Injury:	08/08/2000
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/18/2015

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 60 year old female, who sustained an industrial injury on 8-08-2000. The mechanism of injury was not described. The injured worker was diagnosed as having cervical spine strain, thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome, and status post left carpal tunnel. Treatment to date has included diagnostics and medications. Several documents within the submitted medical records were handwritten and difficult to decipher. Urine toxicology was documented as consistent with the use of Oxycodone. Currently, the injured worker complains of pain, rated 8 out of 10. Her functionality was not described. The treatment plan included refills of Percocet, Soma, Ambien, and Biofreeze. Work status was not documented. A previous PR2 (3-19-2015) noted that Norco did not cover her pain and she was prescribed Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg count #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Criteria for Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 08/08/15 and presents with low back pain, neck pain, and thoracic spine pain. The request is for Percocet 10/325 mg count #120. The RFA is dated 06/11/15 and the patient is retired. She has been taking this medication as early as 03/19/15 and treatment reports are provided from 03/19/15 to 07/09/15. Treatment reports are hand written and illegible. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4 As, 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The patient's pain was at a 9/10 on 03/19/15, a 7/10 on 06/11/15, and an 8/10 on 07/09/15. The patient had a urine drug screen on 06/11/15 and was consistent with her prescribed medications. In this case, none of the 4 As are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Percocet is not medically necessary.