

Case Number:	CM15-0162155		
Date Assigned:	08/28/2015	Date of Injury:	04/13/1985
Decision Date:	10/15/2015	UR Denial Date:	08/07/2015
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, 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 69 year old female, who sustained an industrial injury on April 13, 1985. She reported headache, back pain, low back pain, hip pain, knee pain and ankle pain. The injured worker was diagnosed as having sacroilitis, polyneuropathy in diabetes, lumbar degenerative intervertebral disc disorder, thoracolumbosacral neuritis and radiculopathy and muscle spasm. Treatment to date has included diagnostic studies and medications. Currently, the injured worker continues to report headache, back pain, low back pain, hip pain, knee pain and ankle pain with associated tingling and numbness of the bilateral lower extremities and insomnia, diarrhea, nausea and vomiting. The injured worker reported an industrial injury in 1985, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on July 23, 2015, revealed continued pain as noted. She rated her pain at 8-9 on a 1-10 scale with 10 being the worst. Evaluation on July 31, 2015, revealed continued pain as noted. She rated her pain at 8-9 on a 1-10 scale with 10 being the worst. She noted the pain was decreased with lying down and taking medications. She noted previous lumbar epidural steroid injection was helpful in reducing pain. Decreased lumbar range of motion was noted in all planes. Bilateral lumbar trigger points, tenderness to palpation and muscle spasms were noted. Right lumbar radicular signs were noted. Bilateral Patrick's, straight leg raise on the right and bilateral Faber's tests were positive. The RFA included requests for Percocet 10/325mg 1 tab 5 times a day #150 with 1 refill and was modified on the utilization review (UR) on August 7, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 tab 5 times a day #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg one by mouth five times a day #150 with one refill 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 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 the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are sacroilitis; polyneuropathy in diabetes; degenerative lumbar/lumbosacral disc; unspecified thoracic/lumbar neuritis/radiculitis; and spasm muscle. Date of injury is April 13, 1985 (30 years ago). Request for authorization is July 31, 2015. The medical record contains 16 pages in a 30-year-old injury. There is one progress note in the medical record dated July 23, 2015. Subjectively, the injured worker complains of headaches, back pain, hip pain and ankle pain. Pain score is 8/10. Objectively, there is decreased range of motion, tenderness to palpation and spasm. There is a single progress note and no documentation demonstrating objective functional improvement. There are no risk assessments. There are no detailed pain assessments. There is no documentation indicating an attempt to wean Percocet. There is no start date for Percocet. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no start date and no detailed pain assessments or risk assessments, Percocet 10/325mg one by mouth five times a day #150 with one refill is not medically necessary.