

Case Number:	CM15-0164099		
Date Assigned:	09/01/2015	Date of Injury:	03/08/2004
Decision Date:	10/15/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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, Hawaii

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 71 year old female, who sustained an industrial injury on 03-08-2004. The injured worker is currently temporarily disabled. Current diagnoses include lumbar radiculopathy, cervical radiculopathy, lumbar post laminectomy syndrome, osteoarthritis of knee, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, and displacement of thoracic intervertebral disc without myelopathy. Treatment and diagnostics to date has included physical therapy and medications. Current medications include Aspirin, Colace, Claritin, Flonase, Lidoderm patches, Lovastatin, Mirtazapine, Percocet, Terocin patches, and Zorvolex. In a progress note dated 07-15-2015, the injured worker reported pain in the low back and neck. The physician noted that a cervical MRI showed marked disc degeneration at C5-C6 and C6-C7 with a significant posterior osteophyte at C6-C7. Objective findings included significant myofascial trigger points to the left shoulder. The treating physician reported requesting authorization for Percocet and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, QTY: 120: Overturned

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, criteria for use.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Percocet 10/325mg QTY: 120. The treating physician states in the report dated 8/11/15, Percocet 10-325mg tablet. Take 1 tab every 3 hours as needed for pain (Max 4/day). (30) The treating physician goes onto state that the patient has been able to perform house-hold chores and ADLs with medication usage. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "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 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.

Colace 100mg, QTY: 60 with 5 refills: Overturned

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, criteria for use.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Colace 100mg QTY: 60 with 5 refills. The treating physician states in the report dated 8/11/15, Colace 100mg capsule. Take 1 capsule twice a day as needed, (30B) the treating physician goes onto state that the patient has been doing house-hold chores. There is no documentation that the patient suffers currently with constipation. The MTUS Guidelines state that for constipation due to opioid use, Prophylactic treatment of constipation should be initiated. The records reviewed show that the patient has been prescribed Percocet. The patient has been stable on opioids with Colace without documentation of constipation. MTUS states prophylactic treatment of constipation is recommended. The current request is medically necessary.