

Case Number:	CM15-0181616		
Date Assigned:	09/22/2015	Date of Injury:	09/07/2005
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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 54 year old male, who sustained an industrial injury on 09-07-2005. He has reported injury to the low back. The injured worker has been treated for low back pain; lumbar disc displacement and rupture; lumbar facet arthropathy; lumbosacral radiculopathy; cauda equina syndrome; post lumbar spine surgery syndrome; neurogenic bowel and bladder; depression; and L2 corpectomy in 2005. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included Tramadol, Ibuprofen, Naprosyn, Percocet, Tizanidine, Butrans Patch, Gabapentin, and Cymbalta. A progress report from the treating physician, dated 08-21-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain; "most of the days are pretty bad"; his wife takes care of him; the Butrans patch has been giving him a rash, but it does work; his pain level can be 10 out of 10 in intensity; and he states that some days he is just very down. Objective findings included no peripheral edema; he has a catheter; 4+ tenderness to the lumbosacral spine; he is in pain; not able to stand erect; leg-raising is positive at 25 degrees; and there is an extreme amount of hypoesthesia in both the legs. The treatment plan has included the request for 1 prescription of Percocet 10-325mg #120. The original utilization review, dated 09-09-2015, modified a request for 1 prescription of Percocet 10-325mg #120, to 1 prescription of Percocet 10-325mg #96.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #120: 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, criteria for use.

Decision rationale: The patient presents with low back pain making him unable to stand erect. The current request is for 1 prescription of Percocet 10/325, quantity 120. The UR dated 9/9/15 modified the request to 1 prescription of Percocet 10/325, quantity 96 for weaning. Percocet contains a combination of acetaminophen and oxycodone. The treating physician requests on 8/21/15 (40B) "Percocet 10/325 four times a day #120." For chronic opiate use, 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 4As (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, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.