

Case Number:	CM15-0182975		
Date Assigned:	09/23/2015	Date of Injury:	08/16/2005
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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 37-year-old male, who sustained an industrial injury on 8-16-2005. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc disease, spondyloarthropathy, diabetes mellitus, and major depressive disorder and generalized anxiety disorder. Treatments to date include activity modification, medication therapy, physical therapy, sacroiliac joint block. Currently, he complained of ongoing pain in the low back and neck. The records documented a decreased in Percocet from seven tablets a day to six tablets a day on 6-25-15. He is on Fentanyl 25ug patch. Pain in the back was rated 6-8 out of 10 and without medications, "he cannot do much and is partially able to function on them." On 7-1-15, the physical examination documented lumbar tenderness with positive straight leg raise test bilaterally and a positive Kemp's test. There was decreased range of motion, decreased sensation to the right lower extremity and decreased strength. The appeal requested authorization for Percocet 10-325mg, one to two tablets every four hours for thirty days, #180. The Utilization Review dated 8-20-15, denied the request indicating the available records did not support that California Medical treatment Utilization Schedule (MTUS) Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, 1-2 every 4 hours for 30 days, #180: 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, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2005 injury without acute flare, new injury, or progressive neurological deterioration. The Percocet 10/325mg, 1-2 every 4 hours for 30 days, #180 is not medically necessary and appropriate.