

Case Number:	CM15-0186993		
Date Assigned:	09/29/2015	Date of Injury:	02/21/2002
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/23/2015

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 72 year old male who sustained an industrial injury on February 21, 2002. A recent primary treating office visit dated August 25, 2015 reported current subjective complaint of remaining symptomatic with "low back and lower extremity symptoms", the pain "radiates primarily into the right buttock and posterior thigh." There is noted discussion regarding trials medications to involve: Lyrica, Cymbalta, and Gabapentin. He continues to note that his "primary benefit is with the use of Percocet." He notes "improvement in activities of daily living," and "better able to take care of his grandchildren, which requires more strenuous activity." He "continues to find Percocet beneficial in reducing pain and improving function." Previous treatment to involve: lumbar laminectomy complicated by dural leak an urinary incontinence; status post bilateral rotator cuff repair with continued ongoing symptoms; completed 12 sessions of physical therapy with benefit. Current medication regimen consisted of: Percocet for moderate to severe pain, and Senokot. An Opioid agreement noted signed and noted the following quantifiable functional improvements: walking less than one block without medications and can tolerate 3 to 4 blocks if medicated; standing without medications can only tolerate 5-10 minutes and with the use of medication can tolerate standing 30 to 45 minutes, and performing ADL's without medications can only perform 5 minutes and with medication can tolerate 20-30 minutes of activity. The following diagnoses were applied to this visit: status post laminectomy with post-operative dural leak an urinary incontinence, also with residual low back and right leg pain; status post left rotator cuff repair with residual frozen shoulder; status post right rotator cuff repair; obstructive sleep apnea, and urinary complaint due to retention

secondary to benign prostatic hypertrophy. The plan of care noted continuing with medication regimen. A secondary treating office visit dated April 27, 2012 reported current medication regimen consisting of: Percocet, Senokot and Coumadin. He is with continued subjective complaint of "low back pain that radiates into his bilateral lower extremities, greater on right side." On August 28, 2015, a request was made for medications Percocet 10mg 325 mg #15, and Senokot 8.6mg 50mg #120 which were modified by utilization Review on September 04, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: 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, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The current request is for PERCOCET 10/325MG #150. Treatment history include laminectomy, left rotator cuff repair with residual frozen shoulder, right rotator cuff repair, injections, physical therapy and pain medications. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/25/15, the patient is status post L4-5 laminectomy and presents with chronic lower back pain that radiates primarily into the right buttock and posterior thigh. Current medications include Percocet, Senokot, Lyrica, Cymbalta, and Gabapentin. The patient has been prescribed Percocet since at least 09/13/12. The patient continues to note that his primary benefit is with the use of Percocet, with pain levels coming down from average 8/10 to 2/10. He notes improvement in activities of daily living, including being able to better take care for his grandchildren. He also reported walking less than one block without medications, but with medications he can tolerate 3 to 4 blocks and standing without medications he can only tolerate 5-10 minutes, but with the use of medication he can tolerate standing 30 to 45 minutes. The treater states that the patient is compliant with medication intake, with no aberrant behaviors and UDS have been consistent. He is using Senokot as needed for opioid-induced constipation. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The

request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Senokot-S 8.6-50mg #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 current request is for SENOKOT-S 8.6-50MG #120. Treatment history include laminectomy, left rotator cuff repair with residual frozen shoulder, right rotator cuff repair, injections, physical therapy and pain medications. The patient is not working. MTUS page 77, CRITERIA FOR USE OF OPIOIDS Section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Per report 08/25/15, the patient is status post L4-5 laminectomy and presents with chronic lower back pain that radiates primarily into the right buttock and posterior thigh. Current medications include Percocet, Senokot, Lyrica, Cymbalta, and Gabapentin. The patient has been prescribed Percocet since at least 09/13/12. The patient continues to note that his primary benefit is with the use of Percocet, with pain levels coming down from average 8/10 to 2/10. The treater states that the patient is compliant with medication intake, with no aberrant behaviors. UDS have been consistent. He is using Senokot as needed for opioid-induced constipation. MTUS recognizes constipation as a common side effect of chronic opiate use. The patient is prescribed opiates for chronic pain, and prophylactic treatment of constipation is supported by MTUS. Therefore, the request IS medically necessary.