

Case Number:	CM15-0188476		
Date Assigned:	09/30/2015	Date of Injury:	02/14/2003
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/24/2015

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: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on 02-14-2003. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, diabetes, low back pain, neck pain, right carpal tunnel syndrome, right cubital tunnel syndrome, acid reflux, and constipation. Medical records (01-13-2015 to 08-25-2015) indicate ongoing low back pain with radiating pain into the lower extremities with bilateral knee pain. Pain levels were noted to be lowered to 3-4 out of 10 (down from 8-9 out of 10) on a visual analog scale (VAS) after taking Percocet. Percocet was also reported to allow the IW to stand and walk for short periods of time with the assistance of knee braces and a walker. However, there was also reported increased lower extremity pain at night for which Percocet dose was increased per the progress report (PR) dated 06-30-2015. PR (08-25-2015) states decreased activity tolerance due to being without medications the previous month. Per the treating physician's PR, the IW has not returned to work. The physical exam, dated 08-25-2015, revealed no significant changes from previous exam. Relevant treatments have included: lumbar discectomy and fusion (2009), cervical decompression and fusion surgery (2004), right carpal tunnel release, ulnar nerve transposition in the right elbow, physical therapy (PT), lumbar injections, work restrictions, and pain medications (Percocet since at least 01-2015). The treating physician indicates that urine drug screenings have been consistent, and that there have been no aberrant behaviors. The PR and request for authorization (08-25-2015) shows that the following medication with future refills was requested: Percocet 10-325mg #120 with 2 additional prescriptions not to be filled until 09-25-2015 and 10-25-2015. The original utilization review (09-16-2015) partially approved the request for Percocet 10-325mg #120 (modified to #61), and non-certified the 2 remaining prescriptions of Percocet 10-325mg #120 (not to be dispensed until 09-25-2015 and 10-25-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Percocet since at least January, 2015. Despite this long-term treatment, in a progress note dated 6/30/15, the injured worker continued to have significant radiating pain and a decrease in function, therefore, the continued use of this medication is not supported. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg #120 is determined to not be medically necessary.

Percocet 10/325mg do not dispense until 9/25/15 #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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Percocet since at least January, 2015. Despite this long-term treatment, in a progress note dated 6/30/15, the injured worker continued to have significant radiating pain and a decrease in function; therefore, the continued use of this medication is not supported. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg do not dispense until 9/25/15 #120 is determined to not be medically necessary.

Percocet 10/325mg do not dispense until 10/25/15 #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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Percocet since at least January, 2015. Despite this long-term treatment, in a progress note dated 6/30/15, the injured worker continued to have significant radiating pain and a decrease in function; therefore, the continued use of this medication is not supported. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg do not dispense until 10/25/15 #120 is determined to not be medically necessary.