

Case Number:	CM15-0192892		
Date Assigned:	10/07/2015	Date of Injury:	12/01/2010
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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:

This 56 year old man sustained an industrial injury on 12-1-2010. Diagnoses include lumbosacral neuritis, brachial neuritis, and enthesopathy of the hip. Treatment has included oral medications. Physician notes on a PR-2 dated 8-26-2015 show complaints of head pain, stiff neck, left arm pain, right hip pain, left hip and leg pain, upper and lower back pain, anxiety, depression, and insomnia. The physical examination shows shoulder impingement, positive straight leg raise bilaterally, and "limited range of motion" of the lumbar spine with tenderness. Recommendations include "same as previous visit", however, I am unable to find a listing of these recommendations as several assessments say the same. Utilization Review denied a request for Percocet on 9-3-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/26/15 with migraine headaches, ear ringing, neck pain, left scapula pain, upper and lower back pain, hip pain which radiates into the bilateral lower extremities, and right knee pain. The patient's date of injury is 12/01/10. The request is for Percocet 10/325MG #90. The RFA is dated 08/26/15. Physical examination dated 08/26/15 reveals an antalgic "limping" gait, positive straight leg raise test bilaterally, and limited range of the lumbar spine with tenderness noted. The patient is currently prescribed Morphine, Oxycodone, and an illegible analgesic medication. Patient is currently advised to remain off work until 10/10/15. 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." MTUS, opioids for chronic pain section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Percocet for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note date 08/26/15 has an associated patient-completed pain questionnaire. Per this questionnaire, the patient reports a 20% reduction in pain. Addressing functional improvements, a check-box style ADL assessment section is provided, in which the patient describes his physical function and family relationships as "Same" and describes his social relationships, mood, sleep patterns, and overall functioning as "Worse." MTUS guidelines require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is some evidence of analgesia, however many measures of functional improvements are either unchanged from previous visits or in decline. There is no indication that this patient is inconsistent with his medications, though the provider does not specifically document a lack of aberrant behaviors, either. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed narcotic medications long term, and is not presumed to be suffering from nociceptive pain. Without appropriate documentation of functional improvements, a statement regarding aberrant behavior, or evidence that this patient is suffering from nociceptive pain, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.