

Case Number:	CM15-0192953		
Date Assigned:	10/07/2015	Date of Injury:	01/19/1996
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old female, who sustained an industrial injury on 1-19-1996. The injured worker was being treated for status post lumbar laminectomy and discectomy at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1), multilevel lumbar disc protrusion, spondylosis, and central and neuroforaminal narrowing; low back pain consistent with facet arthropathy and facet syndrome, and bilateral trochanteric bursitis. Medical records (5-12-2015 to 7-13-2015) indicate ongoing low back pain extending into the lower legs with a burning sensation increasing with repetitive bending and twisting. The medical records show improvement of the subjective pain rating from 9+ out 10 without medication and 6.5-7 out of 10 with medication on 5-12-2015 to 9+ out 10 without medication and 4 out of 10 with medication on 7-13-2015. She reported that with medication "she is able to perform light chores around the house, drive herself to the store, take care of her mentally handicapped son", and grocery shop. Per the treating physician (7-13-2015) report: The treating physician noted that the injured worker did not have a history abuse. The treating physician noted that the random urine drug screen from 6-11-2015 and the Controlled Substance Utilization Review and Evaluation System (CURES) report from 7-10-2015 were consistent with the prescribed medications. The treating physician noted that the signed opioid agreement was reviewed and the risk assessment from 1-13-2014 was considered a positive risk screen. The physical exam (5-12-2015 to 7-13-2015) revealed continued significant tenderness and spasms in the lumbar paraspinal musculature and difficulty with range of motion sitting in an antalgic position (leaning to right), and significantly positive straight leg raise at 50 degrees with burning pain in the left distribution. There was heel and toe walking difficulty with the injured worker reporting she felt her legs were weakening. On 6-11-2015, a urine drug screen detected Oxycodone-Oxymorphone, Noroxycodone, and Oxymorphone. Surgeries to date have

included a lumbar laminectomy. Treatment has included physical therapy, epidural steroid injections, and medications including pain (Percocet 7.5-325mg since at least 3-2015), anti-epilepsy, and non-steroidal anti-inflammatory. The requested treatments included Percocet 10-325mg #120. On 9-23-2015, the original utilization review modified a request for Percocet 10-325mg #60 (original request for #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines section on Opioids, On-Going Management, p 74-97, (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the injured worker should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires (a) the injured worker has returned to work, (b) the injured worker has improved functioning and pain. There is current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects and review of potentially aberrant drug taking behaviors as outlined in the MTUS and as required for ongoing treatment. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.