

Case Number:	CM15-0196605		
Date Assigned:	10/12/2015	Date of Injury:	08/08/2001
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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: Connecticut, California, Virginia
 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 57 year old female, who sustained an industrial injury on 08-08-2001. Medical records indicated that the injured worker is undergoing treatment for cervical post laminectomy syndrome, thoracic post laminectomy syndrome, low back pain, and drug induced constipation. Treatment and diagnostics to date has included cervical spine surgery, thoracic spine surgery, spinal cord stimulator implantation and removal, physical therapy, chiropractic treatment, injections, psychotherapy treatment, and use of medications. Recent medications have included Advil, Aleve, Alprazolam, Bupropion, Rabeprazole, Senna (since at least 2013), and Percocet (since at least 04-03-2015). No recent urine drug screens noted in received medical records. After review of progress notes dated 08-10-2015 and 09-10-2015, the injured worker reported neck and low back pain. The treating physician noted that the injured worker "is not having any significant side effects from her medications other than stomach upset and constipation". Objective findings included "markedly limited" cervical flexion and "severe" myofascial trigger points and spasm in the cervical paraspinal muscles. The request for authorization dated 09-10-2015 requested Alprazolam, Percocet 10-325mg (1 tablet 3 times a day by oral route as needed for 30 days, Quantity: 90), and Topiramate. The Utilization Review with a decision date of 09-17-2015 modified the request for Percocet 10-325mg #90 and Senna 8.6mg #60, refills: 3 to Percocet 10-325mg #54 and Senna 8.6mg #60 and non-certified the request for 1 urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Percocet is not considered medically necessary.

One (1) prescription of Senna 8.6mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS supports prophylactic treatment of constipation in patients being treated with opioids. In this case, the initial request included 3 refills; utilization review modified the request to a one month supply of Senna as follow up will be appropriate in one month, and weaning of opioids has been facilitated by modification of Percocet request. In the opinion of this reviewer, the modification by utilization review was appropriate, and therefore the initial request to include three refills is not considered medically necessary. Further documentation of medical necessity should be provided to allow for consideration of further treatment after one month follow up.

One (1) urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc. Without documentation of concerns for abuse/misuse or aberrant behavior, the need for screening cannot be substantiated at this time and is therefore not considered medically necessary.