

Case Number:	CM15-0197837		
Date Assigned:	10/13/2015	Date of Injury:	10/12/2009
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/08/2015

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 31 year old male, who sustained an industrial injury on 10-12-09. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, lumbar post-laminectomy syndrome, sacroiliitis, chronic pain syndrome, and myalgia and myositis. Treatment to date has included L5-S1 anterior lumbar interbody fusion in 2013 and medication including Percocet, Oxycontin, and Flexeril. Physical examination findings on 9-3-15 included pain and spasm across the lumbosacral area. 70% restriction of flexion and extension was noted. A straight leg raise test was negative. Dysesthesia was noted down bilateral hamstrings. On 8-3-15 the treating physician noted "the patient's pain is significantly impacting work, concentration, sleeping pattern, and overall functioning." On 8-3-15 and 9-3-15, pain was rated as 7 of 10 without medication and 4 of 10 with medication. The injured worker had been taking Percocet since at least April 2015. On 9-3-15, the injured worker complained of severe spasms at night. The treating physician requested authorization for Percocet 10-325mg #90. On 9-21-15, the request was modified to a quantity of 75 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 Po Tid #90 for 30 Day Supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: Review indicates the request for Percocet was modified for #75 without refills to wean off MED of 75. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2009 injury with last lumbar surgery in 2013, without any current acute flare, new injury, or progressive neurological deterioration. The Percocet 10/325mg 1 Po Tid #90 for 30 Day Supply is not medically necessary and appropriate.