

Case Number:	CM15-0199640		
Date Assigned:	10/16/2015	Date of Injury:	05/25/2010
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old male, who sustained an industrial injury on May 25, 2010. He reported an abrupt onset of low back pain. The injured worker was currently diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, chronic pain syndrome, insomnia disorder related to know organic factor, pain induced symptoms of depression, lumbago, dysesthesia, pain induced anxiety, drug-induced constipation and medication induced gastroesophageal reflux disease. Treatment to date has included medications, physical therapy, injection, chiropractic treatment and diagnostic studies. The injured worker was noted to have had "good response" to a spinal cord stimulator trial. According to medical records reviewed, Percocet was listed for treatment dating back to August 29, 2014. On August 27, 2015, the injured worker complained of neck, shoulder, low back and right leg pain rated as a 5 on a 1-10 pain scale with medications and an 8 on the pain scale without medications. He was noted to still be debilitated with pain with right leg numbness. He reported that the benefit of chronic pain medication maintenance regimen, activity restriction and rest continue to keep pain within a manageable level to allow him to complete a few necessary activities of daily living. The treatment plan included heat, ice, rest, stretching and exercise, Percocet, Neurontin, Ultram, follow-up visit and request for permanent spinal cord stimulator implant. On September 29, 2015, utilization review denied a request for Narc Percocet 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narc Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Narc Percocet 10/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal objective urine drug screening. The documentation reveals that the patient has been on long term opioids without significant specific objective increase in function. For all of these reasons therefore the request for Percocet is not medically necessary.