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| Case Number: | CM15-0200319 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 04/20/2012 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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, District of Columbia, Maryland
 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 42 year old male with an industrial injury date of 04-20-2012. Medical record review indicates he is being treated for morbid obesity, narcotic addiction, and right leg radiculopathy secondary to lumbar disc herniation at lumbar 4-5, right shoulder rotator cuff tendinopathy and depression. Subjective complaints (09-11-2015) are documented as: "He states his symptoms are unchanged, he has been taking his MS Contin and Percocet as prescribed and is sleeping through the night." Work status was not indicated in the 09-11-2015 note. In the 06-25-2015 note, work status is documented as temporary totally disabled. Current medications are documented as Baclofen, Norco, Cymbalta, MS Contin ER and Percocet. The 03-13-2015 record indicates the injured worker was taking Baclofen and Norco at that time. Prior treatment is documented as medication, activity modification, cortisone injection and physical therapy. Physical exam (09-11-2015) of right shoulder is documented as showing positive Hawkins-Neer impingement signs. Lumbosacral spine range of motion was "slightly decreased." On 09-29-2015 the request for Percocet 10/325 mg 1 by mouth three times daily #90 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 by mouth three times daily #90: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals no documentation to support the medical necessity of percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.