

Case Number:	CM15-0202519		
Date Assigned:	10/19/2015	Date of Injury:	04/27/1998
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 68 year old female who sustained an industrial injury on April 27, 1998. The worker is being treated for: lumbar facet arthropathy; cervical spinal stenosis, brachial neuritis radiculitis; lumbar post laminectomy syndrome. Subjective: March 04, 2015, "neck pain, bilateral arm pain, buttock pain, bilateral leg and feet pain." She states "significant relief in muscle spasms through the day with use of Soma; MS Contin offering about 40-50% relief of base line pain, and uses Norco for breakthrough pain and if needed takes Percocet for pain coverage." April 01, 2015: continues with neck and lumbar pain. "Prior to taking additional MS Contin she was unable to walk as far." Medications: March 03, 2015: "wean Soma." Percocet, Neurontin, Cymbalta, Trazadone, Amitriptyline, MS Contin. Diagnostics: MRI cervical spine, CT cervical spine and myelogram. Surgical history for: right knee 1995, left knee 1996, laminotomy, discectomy, and foraminotomy 2000, 2001 total left knee, 2005 left knee, and 2006 lumbar anterior interbody fusion with hardware. On September 29, 2015 a request was made for Percocet 10mg 325mg #90, and MS Contin ER 30mg #90 that were modified by Utilization Review on October 06, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #90: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has used Percocet and MS Contin for an extended period with stated pain relief. There was functional improvement in regard to activities of daily living, however, the physician does not address the monitoring of adverse effects, compliance or aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg, #90 is not medically necessary.

MS Contin ER 30mg, #90: 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): Weaning of Medications, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has used Percocet and MS Contin for an extended period with stated pain relief. There was functional improvement in regard to activities of daily living, however, the physician does not address the monitoring of adverse effects, compliance or aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MS Contin ER 30mg, #90 is not medically necessary.