

Case Number:	CM15-0204520		
Date Assigned:	10/21/2015	Date of Injury:	04/23/2012
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 4-23-12. He reported low back pain. The injured worker was diagnosed as having L3-4 and L4-5 herniated nucleus pulposus and status post laminotomy and discectomy at L3-4 and L4-5. Treatment to date has included physical therapy, chiropractic treatment, L3-4 and L4-5 decompression and fusion on 1-28-13, use of a lumbar support, injections, and medication including Naproxen, Percocet, Orphenadrine Citrate and Oxycodone. Physical examination findings on 9-17-15 included tenderness in the lumbar spine, lumbar paraspinal muscles, and sacroiliac joints. Decreased lumbar spine range of motion and 40% loss of right L5 motor and sensory function were noted. On 8-11-15, pain was rated as 10 of 10 without medication and 6 of 10 with medication. On 9-14-15, pain was rated as 10 of 10 without medication and 3-4 of 10 with medication. The injured worker had been taking Naproxen and Percocet since at least February 2015 and Oxycodone, since at least March 2015. On 9-14-15 the treating physician noted the "patient has improved function over the past month and now is walking more than 5 blocks per day with the current medications that he is not able to perform without these medications." On 9-17-15, the injured worker complained of low back pain with numbness and tingling into the right foot with a burning sensation. The treating physician requested authorization for Percocet 10- 325mg #180, Naproxen 500mg #60, and Oxycodone ER 20mg #60. On 9-23-15 the requests were non-certified 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 #180: 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: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. The progress note of 9/14/2015 states that the "patient has improved function over the past month and now is walking more than 5 blocks per day with the current medications that he is not able to perform without these medications." However there is no description of his function without the medication. Stating that a current function could not be performed without medication is not sufficiently objective to verify necessity of the medication. There is no evidence that he has had any recent trial without the medication or at a reduced dose of the medication upon which an objective comparison of function can be made. The 9/14/15 progress note states "Patient states that his pain level without taking medication would be 10/10." However this is a subjective impression of what the pain would be like without the medication without any measure of pain before and after or with and without medication. There is no record of a recent attempt at taper of the medication to verify that this worker is at the lowest necessary dose.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the MTUS, non-steroidal anti-inflammatory drugs such as Naproxen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or

function with the use of non-steroidal anti-inflammatory drugs. The record indicates no recent trial of acetaminophen. Although the short-term use of naproxen for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no clear documentation of benefit of this medication in particular, after having already been on the medication for an extended period of time.

Oxycodone ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. The progress note of 9/14/2015 states that the "patient has improved function over the past month and now is walking more than 5 blocks per day with the current medications that he is not able to perform without these medications." However there is no description of his function without the medication. Stating that a current function could not be performed without medication is not sufficiently objective to verify necessity of the medication. There is no evidence that he has had any recent trial without the medication or at a reduced dose of the medication upon which an objective comparison of function can be made. The 9/14/15 progress note states "Patient states that his pain level without taking medication would be 10/10." However this is a subjective impression of what the pain would be like without the medication without any measure of pain before and after or with and without medication. There is no record of a recent attempt at taper of the medication to verify that this worker is at the lowest necessary dose.