

Case Number:	CM15-0207489		
Date Assigned:	10/26/2015	Date of Injury:	02/15/1999
Decision Date:	12/11/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/21/2015

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 54 year old male, who sustained an industrial injury on 2-15-1999. The injured worker is undergoing treatment for: lumbar disc herniation. On 8-20-15, he reported low back pain rated 3-4 out of 10 with medications and 5-6 out of 10 without medications. He indicated he had been taking 3 tablets of Norco per day. On 9-16-15, he presorted low back pain. He indicated he has been taking Norco and would like to go back on Percocet after finding Norco ineffective. He rated his pain 7-8 out of 10 without medication and that his pain level would be the same on Norco. Physical examination revealed a low back surgical scar that was well healed, full motor strength, normal sensory exam, decreased lumbar range of motion, negative straight leg raise testing, and normal gait. There is no discussion regarding adverse side effects or aberrant behavior. The treatment and diagnostic testing to date has included: medications, stretching, walking, home exercises, at least 6 sessions of acupuncture, and at least 12 sessions of physical therapy, lumbar surgery (date unclear), lumbar spine MRI (December 2014). Medications have included: Lunesta, Cialis, Norco, Percocet. The records indicate he has been utilizing opioids since at least March 2015, possibly longer. Current work status: not documented. The request for authorization is for: Percocet 5-325mg quantity 60. The UR dated 10-5-2015: Non-certified the request for Percocet 5-325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg Qty 60 (NR): Upheld

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

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 on-going 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 non-adherent) 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 insufficient documentation to support the medical necessity of percocet or sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document 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. Per progress report dated 8/20/15, the injured worker reported pain 5-6/10 without medications, and 3-4/10 with medications. 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 discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.