

Case Number:	CM15-0021167		
Date Assigned:	02/10/2015	Date of Injury:	05/17/2004
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on May 17, 2004. The diagnoses have included chronic pain syndrome, lumbar post-laminectomy pain syndrome and cervical post laminectomy pain syndrome. Treatment to date has included L5-S1 lumbar fusion and medication. Currently, the injured worker complains of pain in the lower back, cervical spine and thoracic spine. The injured worker reports that the pain radiates to the bilateral legs and bilateral shoulders. He describes the pain as constant and stabbing in nature. Standing and sitting for long periods of time aggravate the pain and resting and medication will relieve the pain. The injured worker notes that without medication his pain would be rated a 10 on a 10-point scale and with medication a 4 on a 10-point scale. He reports a 60% pain relief in pain with his medication regimen. On examination, the injured worker had 5/5 strength in his bilateral lower extremities and 5/5 strength in his upper extremities. He uses a cane for ambulation. He has severe pain with lumbar extension and bilateral thoracic musculature has palpable spasms with positive twitch response. On January 14, 2015 Utilization Review modified a request for Percocet 10/325 mg #180, noting that the injured worker has been using Percocet for several years allowing for appropriate time for weaning. The California Medical Treatment Utilization Schedule Official Disability Guidelines ACOEM was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of Percocet 10/325 mg #180.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Percocet 10/325mg #180 is not medically necessary and appropriate.