

Case Number:	CM15-0021408		
Date Assigned:	02/10/2015	Date of Injury:	09/13/2001
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 75 year old male, who sustained an industrial injury on 9/13/2001. The diagnoses have included postlaminectomy syndrome, lumbar region. Treatment to date has included multiple spinal surgeries (3/2003 and 1/2010) and conservative treatments. Urine drug testing (1/27/2014) was inconsistent with prescribed medications. Currently, the injured worker complains of persistent, ongoing back pain. He used a combination of Percocet and Norco, rotating these medications for breakthrough pain, to keep him active. He was documented as unable to tolerate anti-inflammatories due to severe gastritis, and this condition caused depression. Lexapro was used for depression. Physical exam noted a stiff antalgic gait, positive Yeoman test bilaterally, and positive straight leg raise test bilaterally. Back pain to palpation throughout the lumbar musculature was noted, along with decreased range of motion. Extension was limited to 10 degrees and lateral bend to 20 degrees. Decreased sensory to pinwheel at L3 through S1 dermatomes was noted. Decreased lower extremity strength 3+/5+ at quadriceps gastronemius and tibialis anterior was noted. A long history of narcotic dependency was documented. Current medications (1/12/2015) included Norco 10/325 (2-3 tablets four times daily), Percocet 10/325mg (1 tablet twice daily as needed), Lexapro, and Nexium. X-ray of the lumbar spine (11/20/2014) was referenced as showing solid arthrodesis from L1 to the sacrum, with implants extending from L1-L5, which are intact, and facet degenerative disc changes from T12-L1 and T11-T12. This PR2 report (1/12/2015) noted that Anaprox DS 550mg twice daily was dispensed. On 1/27/2015, Utilization Review non-certified a prescription request for

Percocet 10/235mg #100, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg times 100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are post laminectomy pain syndrome; status post multiple laminectomies, fusion revision surgeries; chronic left lumbar radiculitis; long history of narcotic dependency; chronic pain syndrome; gastroesophageal reflux disease; sleep disorder with big-time somnolence; long history chronic pancreatitis. The documentation indicates the injured worker has been using opiates for many years. Prior to 2010 injured worker injured worker was using MS Contin and Fentanyl. In 2010, the injured worker was started on Percocet 10/325 mg for breakthrough pain in addition to Norco 10/325 mg. The documentation does not contain evidence of objective functional treatment (over the years). The injured worker has been on Percocet and Norco since 2010 through the present. There are no detailed pain assessments in the medical record. There were no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to gauge the efficacy of Percocet (in addition to Norco) with detailed pain and risk assessments, Percocet 10/325 mg #100 is not necessary.