

Case Number:	CM15-0024494		
Date Assigned:	02/17/2015	Date of Injury:	01/31/2011
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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:

This 55-year-old male reported a work-related injury on 01/31/2011. According to the progress notes dated 1/20/15, the injured worker reports constant pain rated 9/10 in the bilateral buttocks, legs and feet. The diagnoses include lumbar degenerative disc disease, post lumbar laminectomy syndrome, obstructive sleep apnea, depressive disorder and opioid type dependence. Previous treatments include medications, home exercise and surgery. The treating provider requests Percocet 10-325mg, #80. The Utilization Review on 1/27/2015 modified the request for Percocet 10-325mg, #80, allowing a quantity of 60, citing CA 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:

80 Tablets of Percocet 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the report of 01/20/15 the patient presents with constant pain rated 9/10 in the bilateral buttocks, legs and feet. The patient's listed diagnoses include opioid type dependence, continuous use and post laminectomy syndrome. The current request is for 80 TABLETS OF PERCOCET 10-325 mg, an opioid. The RFA is not included. The 01/27/15 utilization review modified this request from #80 to #60. The patient is Temporarily Totally disabled as of 11/12/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show that Norco was prescribed 08/07/14 and 08/20/14 and it appears this medication was started 12/23/14 for acute pain. The reports routinely state that the patient received 10% pain relief from the use of medications. Pain scales are routinely used to assess pain and show pain as 6-8/10 on 07/09/14 and 8-9/10 from 08/07/14 to 01/20/15. However, no specific ADL's are mentioned to show a significant change with use of opioids. Opiate management issues are documented. UDS's from 07/09/14 to 01/14/15 are provided for review. On 01/20/15 the treater states a UDS was administered that shows positive for opiates and oxycodone and that a PDMP/CURES report was obtained and reviewed with no aberrant activity noted. Adverse behavior and side effects of opiate use are discussed. In this case, ADL's have not been documented as required by the MTUS guidelines. The request IS NOT medically necessary.