

Case Number:	CM15-0028228		
Date Assigned:	02/20/2015	Date of Injury:	11/28/2001
Decision Date:	04/16/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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 39 year old male, who sustained an industrial injury reported on 11/28/2001. He reported severe dull & achy, radiating low back pain. The diagnoses were noted to have included lumbar degenerative disc disease, radiculopathy; and status-post low back fusion and decompression surgery (1/2010). Treatments to date have included multiple consultations; diagnostic laboratory and imaging studies; and medication management. The work status classification for this injured worker (IW) was not noted. The hand written PR-2 and progress notes for 12/16/2014 are hand written and mostly illegible. The progress notes show medications to be Percocet 10/325mg daily, and Meloxicam (illegible), with the treatment plan to refill medications. The hand written PR-2's for 1/13/2015 is mostly illegible, and the handwritten progress note, for 1/13/2015, notes medications to be Percocet 10/325mg 4 x a day, and Meloxicam, with the treatment plan to include discontinuing Meloxicam (?), refill (illegible), and Colace 1 by mouth 2 x a day (?). On 1/15/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/8/2015, for Percocet 10/325mg daily, x 1 month supply; and Meloxicam, x 1 month. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids & non-steroidal anti-inflammatory drugs, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg (DOS 12/16/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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 nonadherent) 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 no documentation to support the medical necessity of Percocet 10/325 mg nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, 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. Furthermore, 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 to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Meloxicam (DOS 12/16/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam Page(s): 22, 66, 72.

Decision rationale: I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Meloxicam is indicated for the injured worker's knee pain associated with osteoarthritis. The request is medically necessary.