

Case Number:	CM15-0210017		
Date Assigned:	10/28/2015	Date of Injury:	10/16/2002
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/26/2015

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: Family Practice

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 is a 54 year old female who sustained a work-related injury on 10-16-02. Medical record documentation on 8-31-15 revealed the injured worker was being treated for status post L3-L4 decompression-fusion, lumbar facet arthropathy, right lower extremity radiculopathy, bilateral hip sprain-strain, and bilateral knee patellofemoral arthritis. She reported severe left lower extremity sharp shooting pain with spasm. Objective findings included a positive straight leg raise to the left lower extremity to the level of the calf. Her lumbar spine range of motion included flexion to 25 degrees, extension to 10 degrees, bilateral bending to 15 degrees. Her treatment plan included discontinuation of Norco and initiation of Percocet for pain. An MRI of the lumbar spine on 6-6-15 revealed grade 1 anterolisthesis of L5 on S1, moderate facet arthropathy and ligamentum flavum hypertrophy at L5-S1, 3 mm left foraminal disc protrusion at L5-S1, and left paracentral rim-enhancing mass at L5-S1. Previous medications included Norco and Tramadol. A request for Percocet 10-325 mg #120 was received on 9-17-15. On 9-24-15, the Utilization Review physician modified Percocet 10-325 mg #120 to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Percocet. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. The patient had been on long-term Norco and it is unclear from the medical records, why this was discontinued and changed to Percocet. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Percocet is not medically necessary. In the Utilization Review process, the request was modified to provide a sufficient quantity of Norco to allow for weaning. This action is consistent with the above cited guidelines.