

Case Number:	CM15-0213196		
Date Assigned:	11/03/2015	Date of Injury:	12/03/2006
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65-year-old male, who sustained an industrial injury on 12-3-06. The injured worker was being treated for thoracic compression fractures, lumbar disc disease-spondylolisthesis, intractable pain and bilateral knee arthropathy. On 6-11-15 and 8-26-15, the injured worker complains of chronic low back pain worsened with prolonged standing and activities of daily living. It is noted he is trying to wean off the Percocet and on 10-6-15 it is noted Percocet does not change the pain level. Documentation does not indicate pain level prior to and following administration of medication, duration of pain relief or improvement in pain or function due to medication; and there is no documentation of urine toxicology screen. Work status is noted to be retired-permanent and stationary. Physical exam performed on 6-11-15, 8-26-15 and 10-6-15 revealed decreased lumbar spine range of motion, increased normal thoracic Kyphosis alert and tenderness along paraspinal muscle. Treatment to date has included oral medications including OxyContin 10-325mg and Topirmate and Voltaren gel; physical therapy and home exercise program. The treatment plan included refiling Percocet 10-325mg #60 (at least since 2-2015), Topirmate 50mg #60 with 3 refills and Voltaren 1% 4g topically 100g with 3 refills and request for 8 sessions of physical therapy. On 10-21-15 request for Percocet 10-325mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/acetaminophen 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Weaning of Medications.

Decision rationale: The claimant sustained a work injury in December 2006 and continues to be treated for chronic pain including radiating low back pain. When seen in February 2015, medications were decreasing pain from 8-9/10 to 3-4/10. OxyContin and Percocet were being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. In August 2015, the claimant had stopped taking the OxyContin. He was requesting physical therapy for a flareup of pain. Pain scores were not recorded. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle tenderness. There was an increased thoracic kyphosis. Percocet 10/325 mg #60 was prescribed. When seen in October 2015 he was having a severe flareup of low back pain. Symptoms were radiating into the right lower extremity. Physical examination findings were unchanged. Additional testing was requested. Being requested is authorization for Percocet 10/325 mg #30. Percocet (oxycodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that the claimant's current opioid medication is providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Although ongoing prescribing is not considered medically necessary, the quantity being requested is consistent with planned medication weaning. For this reason, the request is medically necessary with the expectation that a reassessment of the claimant's pain and evaluation of his medications will occur at follow-up.