

Case Number:	CM15-0214670		
Date Assigned:	11/04/2015	Date of Injury:	04/03/1998
Decision Date:	12/23/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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 57 year old female, who sustained an industrial injury on 4-3-98. The injured worker was diagnosed as having lumbosacral discogenic pain; herniated disc L5-S1 with radicular symptoms. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-1-15 indicated the injured worker reports she is getting some good relief with medications; however, it does not last very long. She has only about 4 hours and she could like to see if she can get enough for 3 days so that she could get more functional improvement. The provider indicates her medications are denied. The provider documents "Norco has been bringing her pain from as high as 9 out of 10 to a 5 out of 10 at best. This allows her for be more active. She is able to go to the gym for about an hour and a half. She is able to take care of personal hygiene, household chores including cooking, cleaning and some shopping. Without medication, she feels she could not be able to do these activities. She denies negative side effects. She is only getting medication from us. She is not asking for early refills. She has a pain contract on file. Urine screen on 1-21-15 was negative for the Norco. In additional to Norco, she was getting Relafen as an anti-inflammatory which is helping with some of the pain and inflammation as well." The provider lists her current medications as Norco 5-325mg, Relafen and Percocet 5-325mg TID. The medical documentation submitted for review does not define the initial date of when Percocet was prescribed. A Request for Authorization is dated 10-29-15. A Utilization Review letter is dated 10-22-15 and non-certification for Percocet 5-325 mg #90, 3 times daily. A request for authorization has been received for Percocet 5-325 mg #90, 3 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg Qty 90, 3 times daily: Upheld

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

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

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 non-adherent) 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." Per the medical records submitted for review, it was noted that the injured worker was using norco which helped bring her pain from 9/10 to 5/10. It was noted that it allowed her to be more active. She is able to go to the gym, take care of her personal hygiene, household chores including cooking, cleaning, and shopping. Without this medication she felt that she could not be able to do these activities. As Norco is effective, and there is no rationale for the prescription of percocet, the request is not medically necessary. Additionally, it was noted that the injured worker has had inconsistent UDS in the past.