

Case Number:	CM15-0216011		
Date Assigned:	11/05/2015	Date of Injury:	09/30/2003
Decision Date:	12/16/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/03/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 53 year old male with a date of injury on 09-30-2003. The injured worker is undergoing treatment for status post arthroscopic debridement of the right shoulder and mechanical low back pain, and osteoarthritis of the right knee. On 07-21-2015 a physician note documents the injured worker has worsening pain over the last month in his neck with headaches. He rates his pain as 7-8 out of 10. He has increased right knee pain worse with walking. He has worsening low back pain with radiculitis into his lower extremities. A physician note dated 08-19-2015 documents he has increased right knee pain and neck pain. He relies on Percocet to keep him functioning; otherwise he can barely get out of bed. Walking and standing increase his pain. A physician note dated 09-22-2015 documents the injured worker rates his pain as 5 out of 10 and it is present 75% of the time. A physician progress note dated 10-14-2015 documents the injured worker has right knee pain flair and will be referred back to the orthopedist for further recommendations. His bladder stimulator is malfunctioning and he is following with an urologist. He had significant relief of neck pain and headaches from his chiropractic sessions. He has previously been denied Percocet ordered by this office. He continues to need Percocet 3-4 times a day for his chronic pain. He was previously taking Percocet max of 8 a day. He has since discontinued Librium. Per 01-14-2015 note he stated 30-40% relief in his overall pain. Percocet allows him to continue to perform laundry, and light household tasks occasionally, as well as interact with his family. He has previously failed Vicodin, NSAIDs and APAP alone. Treatment to date has included diagnostic studies, medications, chiropractic sessions, physical therapy, epidural injections, right knee injections,

use of a cane, and right knee injections. Current medications include Amlodipine, Fiorinal, Benadryl, Soma, Diazepam, Lexapro, Imodium AD, Aleve, Percocet (since at least 05-13-2014), and Zantac. On 10-23-2015 Utilization Review non-certified the request for Percocet 10-325mg #110.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #110: 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, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/14/15. Therefore the prescription is not medically necessary and the determination is for non-certification.