

Case Number:	CM15-0217109		
Date Assigned:	11/06/2015	Date of Injury:	01/11/2000
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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 57-year-old male who sustained an industrial injury 01-11-10. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar disc herniation, anxiety, migraines, and right ankle sprain. Medical records (10-13-15) reveal the injured worker complains of neck, lumbar spine, and bilateral shoulder pain, as well as migraines, rated at 8-9/10 without medications and 7-8/10 with medications. The physical exam (10-13-15) reveals tenderness to palpation in the cervical and lumbar spines, and right ankle. Prior treatment includes left shoulder surgery and medications including Norco Percocet, Soma, Neurontin, Cymbalta, trazadone, Zantac, Topamax, and Imitrex. The original utilization review (10-28-15) modified the request for Percocet 10/325 #15 to #98. The documentation supports that he injured worker has been on Percocet since at least 07-14-15. Prior to that, he was on Norco. The dose of Percocet has increased from #120 per month to #150, with reported pain at 7-8/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

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

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 demonstrated functional improvement, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/13/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.