

Case Number:	CM15-0217204		
Date Assigned:	11/06/2015	Date of Injury:	11/14/2007
Decision Date:	12/18/2015	UR Denial Date:	10/16/2015
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 51 year old, male who sustained a work related injury on 11-14-07. A review of the medical records shows he is being treated for right and left arms and back pain. In the SOAP Notes dated 8-13-15 and 10-7-15, the injured worker reports right arm pain that "waxes and wanes." He has pain in the right elbow and hand. He reports some tingling and aching. He reports muscle tightness. He reports phantom pain in left arm. He is using a left arm prosthesis. He reports some back soreness. He rates his pain in back a 0-2 out of 10 with medications and a 9-10 out of 10 if he is active. He reports that back massage can bring down pain level by "half." He reports having back spasms in the morning. Upon physical exam dated 10-7-15, he has positive Tinel's and Phalen's tests in right elbow-wrist. He has tenderness at the right first carpometacarpal and between fingers 3-4 of right hand. Back range of motion is decreased. He has pain at the lumbosacral junction, especially at the right L5-S1 area. He has pain at L2-5 with spasms with movement. Treatments have included amputation of left arm above the elbow, use of a left arm prosthesis, physical therapy-not very helpful, occupational therapy, psychological counseling, massage therapy, and medications. Current medications include Neurontin, Percocet, and Motrin. He has been taking Percocet since at least 2009. He is not working. The treatment plan includes refills of medications. The Request for Authorization dated 10-8-15 has a request for Percocet. In the Utilization Review dated 10-16-15, the requested treatment of Percocet 10-325mg. #60 with 1 refill was modified to Percocet 10-325mg. #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 criteria for use.

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." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." 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, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/7/15. Therefore the prescription is not medically necessary and the determination is for non-certification.