MAXIMUS Federal Services

Case Number:	CM15-0217677		
Date Assigned:	11/09/2015	Date of Injury:	11/10/2006
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/05/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 on 11-10-2006. The injured worker is undergoing treatment for lumbar intervertebral disc displacement and degeneration, lumbar radiculitis and gastroesophageal reflux disease (GERD). Medical records dated 10-1-2015 indicate the injured worker complains of back pain radiating to the legs and rated 8 out of 10. The injured worker indicates he would like to hold off on surgery and further epidural steroid injection, he would like to do physical therapy but feels he needs medication to manage the pain it causes. The treating physician on10-1-2015 indicates "he continues to decline physically and mentally and needs support in both of these areas in order to improve." Physical exam dated 10-1-2015 notes no acute distress and antalgic gait with use of a cane for ambulation. Treatment to date has included lumbar transforaminal epidural steroid injection, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, medication and activity alteration. He has trialed Percocet (stopped 5-1-2012), Gabapentin (stopped 3-18-2014), Keppra (stopped 1- 10-2011), Norco (stopped 8-23-2010), Medrox patches (stopped non-certified) and Fexmid (stopped 1-13-2012). The original utilization review dated 10-20-2015 indicates the request for Percocet 7.5-325mg #90 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

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

Decision rationale: The patient presents on 10/01/15 with lower back pain rated 5/10, which radiates into the right lower extremity. The patient's date of injury is 11/10/06. Patient has no documented surgical history directed at this complaint. The request is for Percocet 7.5/325MG TID #90. The RFA associated with the request is undated. Physical examination dated 10/01/15 notes that this patient presents with an antalgic gait utilizing a cane. No remarkable physical findings are provided. The patient is currently prescribed Ibuprofen and Cyclobenzaprine. Patient is currently not working. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Medications for Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." In regard to the re-initiation of Percocet for the management of this patient's chronic pain, the treater has not provided evidence of prior efficacy to substantiate its use. Progress note dated 10/01/15 provides a lengthy discussion of this patient's functional declines, utilization review history, and chronic pain complaints. It is indicated that this patient previously trialed Percocet, and that this medication was not effective. Per progress note dated 10/01/15, the provider states: "Please note he has been treated with the following meds and each one stopped with the date provided once it was determined it was ineffective for him. 1) Percocet (stopped 5/1/12)" [sic]. MTUS guidelines require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider is requesting the re-initiation of Percocet following a three-year hiatus without demonstrating prior efficacy. While there is no evidence of prior medication inconsistency or aberrant behavior, it is not clear why the provider would request a previously failed narcotic medication rather than attempting to control this patient's chronic pain with other options. Without documentation of prior efficacy or a rationale as to why this patient cannot trial a different narcotic medication, the re-initiation of Percocet cannot be substantiated. Therefore, the request IS NOT medically necessary.