

Case Number:	CM15-0220983		
Date Assigned:	11/16/2015	Date of Injury:	02/02/2006
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/10/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 35-year-old female, who sustained an industrial-work injury on 2-2-06. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), chronic low back pain, bilateral lumbosacral radiculitis, pain related insomnia, depression, anxiety, suicidal ideation, possible neurogenic leakage incontinence. Treatment to date has included pain medication, Percocet since at least 2013, Lexapro, Skelaxin, Senna, Buspar, Prilosec, home exercise program (HEP), work modifications and other modalities. Medical records dated 10-20-15 indicate that the injured worker complains chronic low back pain with radicular symptoms to the bilateral lower extremities (BLE). She reports complaints of chronic nausea and gastric upset with relief from Prilosec. The physician indicates that she developed tolerance to Robaxin, failed a trial of Baclofen, dry mouth with Flexeril, failed trials of Prozac and Zoloft, she was unable to tolerate Neurontin, Cymbalta and Lyrica due to side effects, she failed a trial of Celexa, fatigue with Robaxin, nausea and dizziness with Baclofen, constipation with Percocet that is alleviated with use of Senna. She notes 60 percent reduction in pain and spasm with use of medications. The pain is rated 6-7 out of 10 in intensity without medications and 3 out of 10 with medications. This is unchanged from previous visits. She is able to perform activities of daily living (ADL), tolerate sitting and standing for up to 60 minutes with medications and without the medications her tolerance to activity is limited to 20-30 minutes. Per the treating physician report dated 10-20-15 the work status is permanent and stationary with work restrictions. The physical exam reveals lumbar tenderness and spasm bilaterally to the bilateral buttocks, seated straight leg raise

is positive bilaterally, and sensation to light touch is reduced in the right lower extremity (RLE) and the left lower leg. The physician indicates that she will continue her current medications. The records do not indicate least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The physician does not indicate concerns of abuse of the medications or monitoring of urine drug testing. The requested service included Percocet 5-325mg #180. The original Utilization review dated 11-3-15 modified the request for Percocet 5-325mg #180 modified to Percocet 5-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and 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. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as percocet. Therefore, the request is not medically necessary.